

FY 03

# Strategic Plan

*Department of Veterans Affairs Medical Center  
Wilkes-Barre, PA*



Allentown   Columbia County   Sayre   Schuylkill County   Tobyhanna   Williamsport

*A Member of the VA Stars & Stripes Healthcare Network (VISN 4)*

September 2002

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## ***Introductory Remarks from the Director, Wilkes-Barre VA Medical Center***

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The mission of the Wilkes-Barre VA Medical Center is to maintain and improve veteran's health and quality of life. As a means of accomplishing this mission, a Strategic Plan was developed for FY 03. This is part of the overall plan to be a national leader in providing healthcare services to our veterans.

As we approach 2003, we will face challenges, which will serve as accomplishments in our aim to be the best VA Medical Center in the Veterans Health Administration. I believe in our ability to fully accomplish our mission and that we can achieve these goals to better serve our nation's heroes.

/S/

**ROLAND E. MOORE**

Director, Wilkes-Barre VA Medical Center

Outcomes of FY 02 Strategic Plan	
<b>Key Business Driver/Strategic Objective 1: Put quality first until first in quality.</b>	
Operating Strategies	Accomplishments
<b>Strategic Target 1.</b> Systematically measure and communicate the outcomes and quality of care.	
Improve performance on Chronic Disease Care.	Continue into FY 03 Plan
<b>Strategic Target 2.</b> Continuously improve the quality and safety of health care for veterans.	
Develop a Bar Code Medication Administration (BCMA) contingency plan and conduct tests of the plan annually.	Continue into FY 03 Plan
<b>Strategic Target 3.</b> Emphasize health promotion and disease prevention to improve the health of the veteran population.	
Increase the scores on Prevention.	Continue into FY 03 Plan
<b>Strategic Target 4.</b> Develop a performance-based system of incentives, awards, and recognition for achievement of VHA's 6 for 2007 mission and goals.	
Improve employee satisfaction.	Continue into FY 03 Plan
<b>Strategic Target 5.</b> Implement programs for employee training and personal development to ensure continual improvement of the knowledge and skills required to serve the veteran.	
Increase percentage of full time employees who receive 40 hrs continuing education annually.	Continue into FY 03 Plan
<b>Key Business Driver/Strategic Objective 2: Provide easy access to medical knowledge, expertise, and care.</b>	
<b>Strategic Target 6.</b> Improve access, convenience, and timeliness of VA health care services.	
a. Increase the percentage of all non-emergent primary care appointments scheduled within 30 days of desired date.	Continue into FY 03 Plan
b. Increase the percentage of all non-emergent specialty care appointments scheduled within 30 days of desired date.	Continue into FY 03 Plan
c. Increase the percentage of patients who report being seen within 20 minutes of scheduled appointments at VA health care facilities.	Continue into FY 03 Plan
d. Implement and maintain patient access to telephone care 7 days a week, 24 hours a day.	Implemented, continue into FY 03 Plan
e. Increase the number of enrolled veterans who have access to home and community-based care when clinically appropriate by 5% over FY 2000 ADC of 40. (Goal = 42).	Completed
<b>Strategic Target 7.</b> Optimize the use of health care information and technology for the benefit of the veteran.	
Implement CPRS/GUI.	Implemented, continue into FY 03 Plan
<b>Strategic Target 8.</b> Increase provider and veteran knowledge of the impact of military service on health.	
Increase the number of men and women who have been screened for military sexual trauma.	Implemented, continue into FY 03 Plan

Operating Strategies	Accomplishments
<b>Key Business Driver/Strategic Objective 3: Enhance, preserve, and restore patient function.</b>	
<b>Strategic Target 9.</b> Enhance outcomes for patients with special needs and special disabilities.	
a. Increase the percentage of veterans who were discharged from a Health Care for Homeless Veterans (HCHV), community-based contract residential care program to independent or a secured institutional living arrangement.	Implemented, continue into FY 03 Plan
b. Maintain the rate of delayed prosthetic orders.	Implemented, continue into FY 03 Plan
<b>Strategic Target 10.</b> Coordinate acute, chronic, and rehabilitative care to improve patient functioning.	
a. Increase the average functional change of veterans undergoing rehabilitation in a medical rehabilitation unit.	Implemented, continue into FY 03 Plan
b. Increase the average length of stay efficiency of veterans undergoing rehabilitation for a lower extremity amputation.	Implemented, continue into FY 03 Plan
<b>Key Business Driver/Strategic Objective 4: Exceed patients' expectations.</b>	
<b>Strategic Target 11.</b> Ensure that patients understand and participate in decisions about their health care.	
Decrease the percentage of patients who report problems in the following categories regarding their participation in health care decisions: - Patient involvement in decision-making. - Information on condition/ treatment.	Implemented, continue into FY 03 Plan
<b>Strategic Target 12.</b> Create a health care environment characterized by courteous and coordinated patient-focused service.	
Maintain the percentage of patients who report problems for the following Veterans Health Service Standard (VHSS). - Patient education - Visit coordination - Pharmacy categories	Implemented, continue into FY 03 Plan
<b>Strategic Target 13.</b> Continually assess and improve patients' perceptions of their VA health care.	
Increase the percentage of patients rating VA health care service as very good or excellent. - Inpatient - Outpatient	Implemented, continue into FY 03 Plan
<b>Strategic Target 14.</b> Promote cooperation and collaboration throughout VA in order to provide "All-VA" seamless service to veterans.	
Maintain the percent of electronic transmissions between VBA and VHA.	Implemented, continue into FY 03 Plan
<b>Key Business Driver/Strategic Objective 5: Maximize resource use to benefit veterans.</b>	
<b>Strategic Target 15.</b> Assess and align the health care system to enhance cost-effective care for veterans.	
a. Identify the potential for maximizing space within each VHA VISN.	Implemented, continue into FY 03 Plan
b. Identify and monitor the Network Director's goals for enhancing quality, efficiency, and cost effectiveness.	Implemented, continue into FY 03 Plan
c. Conceptualize and implement a Case Management Program to manage cost, care and continuum on a financial platform.	Implemented, continue into FY 03 Plan

Operating Strategies	Accomplishments
<b><u>Strategic Target 16.</u></b> <i>Increase revenue and efficiency through private sector partnerships, technology, and improved business practices.</i>	
a. Implement a Balanced Scorecard based on Quality-Access-Patient Functioning-Expectations-Resources-Healthy Communities.	Continue into FY 03
b. Increase the dollars derived from alternate revenue generated from health care cost recoveries.	
<b>Key Business Driver/Strategic Objective 6: Build healthy communities.</b>	
<b><u>Strategic Target 17.</u></b> <i>Be an industry leader in developing innovative approaches to the design and evaluation of health care delivery systems.</i>	
a. Enhance the continuum of care services provided to our homeless veteran population from outreach services to include treatment, case management, transitional housing and permanent housing resources.	Implemented, continue into FY 03 Plan
b. Be recognized as a leader in providing health care.	Implemented, continue into FY 03 Plan
<b><u>Strategic Target 18.</u></b> <i>Expand federal, state, local, and private partnerships to foster improvements in the coordination and delivery of health care and other services.</i>	
Increase the number and dollar volume of sharing agreements over previous year (baseline = FY 2001).	
<b><u>Strategic Target 19.</u></b> <i>Develop new, state-of-the-art training programs to best educate the health care professionals of the future.</i>	
Increase medical residents' and other trainees' scores on VHA survey assessing their clinical training experience.	Implemented, continue into FY 03 Plan
<b><u>Strategic Target 20.</u></b> <i>Optimize VA's capability to provide medical assistance in responses to disasters and national emergencies.</i>	
Optimize the Medical Center's capability to provide medical assistance in responses to disasters and national emergencies.	Implemented, continue into FY 03 Plan

# *History of the Wilkes-Barre VA Medical Center*

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Shortly after the end of World War II a decision was made to locate a VA Hospital in the Northeastern corner of Pennsylvania.

This decision was made partly due to the large numbers of Northeastern Pennsylvania Residents who had served in the military. Another consideration was the presence of a VA Regional Office located here and the availability of a large, well-trained work force.

The decision to finally locate the hospital in Wilkes-Barre was assured after a highly successful “grassroots” community effort to raise the money to purchase the land where the hospital is currently standing. The fund-raising was so successful that the remaining balance of that fund has now grown to a substantial trust fund administered by a Board of Trustees for the benefit of the veteran patients.

The hospital was dedicated in December 1950. It was originally built as a 500-bed general medical and surgical hospital with three floors dedicated to psychiatric patients. The regional office in downtown Wilkes-Barre housed an outpatient clinic and, consequently, no provision was made in the hospital infrastructure for an outpatient facility.

The regional office closed in 1965 and the Veterans Benefits functions were transferred to Philadelphia. The outpatient portion of the workload was transferred to the hospital in 1956. Since that time outpatient visits in our Community Based Outpatient Clinics has grown from 25-30,000 visits per year to over 266,593 visits in 2001.



A nuclear medicine suite was added in the 1980s. Also, in 1982, a 120-bed Nursing Home Care Unit (NHCU) was built connected to the Medical Center. In the early '90s, another 60 beds were added to the NHCU. During this period the Medical Center was assigned responsibility for two satellite outpatient clinics--one in Allentown (Lehigh County), Pennsylvania, in 1979 and the

other in Sayre (Bradford County), Pennsylvania, in 1983. In 1997, two additional VA-staffed clinics, which provide primary care services, were opened in Williamsport (Lycoming County) and in Tobyhanna (Monroe County). In 1998, a contract was established to provide primary care services in Schuylkill County and in 2001, a similar contract was established for Columbia County. The primary service area covered by the Medical Center and Clinics encompasses 23 Primary Planning Areas (PPAs) with over a 281,000 veteran population.

In the 45 years of this Medical Center's history, considerable growth occurred in workload, and product/service mix. The Medical Center offers Primary Care and Acute Care in Medicine, Surgery, and Psychiatry. Other service provided include in-house Hospice, many surgical modalities--including laparoscopy and short stay unit, and all sub-specialties in Medicine, as well as a drug and alcohol treatment unit, nuclear medicine, and many other specialty programs.

The Wilkes-Barre VA Medical Center is affiliated with Drexel University College of Medicine, Lake Erie College of Osteopathic Medicine, St. Luke's Hospital and Health Network (medical residency affiliation with Allentown CBOC), and the Pennsylvania College of Optometry. There are presently over 55 residents in established residency programs in this Medical Center, 55 in Internal Medicine, 2 in Ophthalmology, 2 in Dental, and 1 in Optometry. The facility also supports over 40 affiliations with colleges, universities, and schools of allied health.

The facility's emphasis has been and will continue to be on our Mission: *To maintain and improve veterans' health and quality of life.* The Medical Center is looking towards being a national leader in the provision of healthcare services.



*Department of Veterans Affairs Medical Center  
1111 East End Boulevard  
Wilkes-Barre, PA 18711*

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### *Mission*

To maintain and improve veterans' health and quality of life.

### *Vision*

To be a national leader in the provision of healthcare services.

### *Values*

Trust, Respect, Excellence, Compassion, Commitment

## Organizational Profile

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The Wilkes-Barre VA Medical Center is one facility among ten within the VA Stars & Stripes Healthcare Network. The Wilkes-Barre VA Medical Center service area consists of 19 counties having a veteran population of over 212,000 that covers over 13,300 square miles. The Wilkes-Barre VA Medical Center is a General Medical and Surgical facility consisting of 116 Operating Hospital Beds, 165 Nursing Home Beds, and 10 Substance Abuse Residential Rehabilitation Treatment program Beds. The facility serves veterans throughout northeastern and central Pennsylvania and southern New York State and is affiliated with Drexel University College of Medicine, St. Luke's Hospital and Health Network (medical residency affiliation with Allentown



CBOC), Lake Erie College of Osteopathic Medicine and the Pennsylvania College of Optometry. Several special programs offered at the Wilkes-Barre facility include; a Hemodialysis Unit, Cardiopulmonary Rehabilitation Program, Outpatient Post-Traumatic Stress Disorder Program, Mental Hygiene Clinic, Polysomnography Laboratory, Short Procedure Unit, Same Day Surgery Program, Women's Health Program, 23-Hour Observation Beds, Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), Halfway House and Visual Impairment Services. The extended care program encompasses a Nursing Home Care Unit, a Geriatric Evaluation and Management Program, a Rehabilitation Unit, A Hospice Unit, and Respite and Residential Care Programs. Persian Gulf, HIV, Ex-POW, sexual abuse and behavior management modification are other examples of the diverse services provided by VAMC Wilkes-Barre. There are Vet Centers located in Scranton and Williamsport. Primary Care is also provided through the Medical Center's Community Outpatient Clinics located in Allentown, Columbia County, Sayre, Schuylkill County, Tobyhanna and Williamsport.

Scope of Service/Clinical Inventory - Station/Marked: Wilkes-Barre, PA		
<b>Codes for how services are provided</b> NC= service provided by Non-VA through a Contract/Consult/Fee O= service on site P= Planned Program (listed must have prior HQ/VISN approval) SC= service provided through community provider sharing agreement SD= service provided through DoD sharing agreements SM= service provided through medical school affiliate sharing agreement V= referral to other VAMC in Network where service provided X= service not provided		
Program Category	Program	Station 693
Ancillary Support	Chaplain	O
Ancillary Support	Hoptel Beds	O
Ancillary Support	Nutrition/Dietetics	O
Ancillary Support	Readjustment Counsel.	V
Ancillary Support	Social Work	O
Ancillary Support		
Ancillary Support		
Ancillary Support		
Audiology & Speech Pathology	Assistive Listening Devices	O
Audiology & Speech Pathology	Auditory Rehabilitation	X
Audiology & Speech Pathology	Audiology	O
Audiology & Speech Pathology	Augmentative and Alternative comm. Devices	O
Audiology & Speech Pathology	Balance Assessment	P
Audiology & Speech Pathology	Cochlear Implant	X
Audiology & Speech Pathology	Cognitive Disorder Clinic	X
Audiology & Speech Pathology	Compensation and Pension Exams	O
Audiology & Speech Pathology	Dysfluency Clinic	X
Audiology & Speech Pathology	Dysphagia Management Team	X
Audiology & Speech Pathology	Electrophysiology (ABR,MLR,OAE)	X
Audiology & Speech Pathology	Hearing Aid Clinic Devices	O
Audiology & Speech Pathology	Hearing Conservation Program	O
Audiology & Speech Pathology	Instrumented swallowing exams (MBS,FEES)	O
Audiology & Speech Pathology	Neurogenic speech/language	X
Audiology & Speech Pathology	Speech Lab	X
Audiology & Speech Pathology	Speech Pathology	O
Audiology & Speech Pathology	Tinnitus Management	O
Audiology & Speech Pathology	Voice Disorder Clinic	X
Audiology & Speech Pathology	Voice Prostheses	O
Audiology & Speech Pathology		
Audiology & Speech Pathology		
Blind Rehabilitation	Blind Rehab. Center *	X
Blind Rehabilitation	Blind Rehab. Clinic *	X
Blind Rehabilitation	BROS*	X
Blind Rehabilitation	VIST*	O
Blind Rehabilitation	VICTORS	V
Blind Rehabilitation		
Blind Rehabilitation		
Blind Rehabilitation		
Dentistry	Dental Hygiene	O
Dentistry	Endodontics	O
Dentistry	Facility Dental Lab Service	O
Dentistry	General Dentistry	O
Dentistry	Gerodontics	O
Dentistry	Oral/Maxi Surgery	O
Dentistry	Periodontics	O
Dentistry	Prosthodontics	O
Dentistry		
Dentistry		
Dentistry		
Diagnostic-Radiology	Angiography	V
Diagnostic-Radiology	Contrast Procedures/Routine Xray	O
Diagnostic-Radiology	CT Scan	O
Diagnostic-Radiology	Diagnostic Imaging	O
Diagnostic-Radiology	Diagnostic Neuro Radiology	O
Diagnostic-Radiology	Interventional	O
Diagnostic-Radiology	Mammography	O

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Program Category	Program	Station 693
Diagnostic-Radiology	MRI	NC
Diagnostic-Radiology	PACS	P
Diagnostic-Radiology	Radiology Service	O
Diagnostic-Radiology	Teleradiology	P
Diagnostic-Radiology	Ultrasound	O
Diagnostic-Radiology		
Diagnostic-Radiology		
Diagnostic-Radiology		
Diagnostic-Laboratory & Pathology	Autopsy Pathology	O
Diagnostic-Laboratory & Pathology	Blood Donor Collection and Component	O
Diagnostic-Laboratory & Pathology	Processing	O
Diagnostic-Laboratory & Pathology	Chemistry (Routine)	O
Diagnostic-Laboratory & Pathology	Chemistry (Special)	O
Diagnostic-Laboratory & Pathology	Coagulation (Routine)	O
Diagnostic-Laboratory & Pathology	Coagulation Reference Lab	NC
Diagnostic-Laboratory & Pathology	Crystal Identification Ref. Lab	O
Diagnostic-Laboratory & Pathology	Cytogenetics	O
Diagnostic-Laboratory & Pathology	Cytopathology	NC
Diagnostic-Laboratory & Pathology	Dermatopathology	NC
Diagnostic-Laboratory & Pathology	Electron Microscopy	NC
Diagnostic-Laboratory & Pathology	Endocrine Reference Lab	NC
Diagnostic-Laboratory & Pathology	Flow Cytometry	NC
Diagnostic-Laboratory & Pathology	GLC Mass Spectroscopy	NC
Diagnostic-Laboratory & Pathology	Hematology (Routine)	O
Diagnostic-Laboratory & Pathology	Hemoglobinopathy Ref. Lab	NC
Diagnostic-Laboratory & Pathology	Immunofluorescence Microscopy	O
Diagnostic-Laboratory & Pathology	Immunohistochemistry	NC
Diagnostic-Laboratory & Pathology	Infertility Testing (Semen Analysis and Related testing)	NC
Diagnostic-Laboratory & Pathology	Microbiology (BSL3 or Higher)	NC
Diagnostic-Laboratory & Pathology	Microbiology (Routine BSL/1 or 2)	O
Diagnostic-Laboratory & Pathology	Microprobe Analysis	NC
Diagnostic-Laboratory & Pathology	Molecular Pathology (PCR/Immunoblot/Related Technology)	NC
Diagnostic-Laboratory & Pathology	Muscle Biopsy Pathology	SD
Diagnostic-Laboratory & Pathology	Mycobacteriology (Routine)	O
Diagnostic-Laboratory & Pathology	Mycobacteriology Ref. Lab	NC
Diagnostic-Laboratory & Pathology	Mycology Ref. Lab	NC
Diagnostic-Laboratory & Pathology	Mycology (Routine)	O
Diagnostic-Laboratory & Pathology	Neuropathology	SD
Diagnostic-Laboratory & Pathology	Parasitology	NC
Diagnostic-Laboratory & Pathology	Paternity Testing	X
Diagnostic-Laboratory & Pathology	Serology (Autoimmune Disease)	V
Diagnostic-Laboratory & Pathology	Serology (Infectious Disease including Hepatitis, HIV, Syphilis, Others)	V
Diagnostic-Laboratory & Pathology	Surgical pathology	O
Diagnostic-Laboratory & Pathology	Tissue Typing/Transplant Ref. Lab	X
Diagnostic-Laboratory & Pathology	Toxicology Reference Lab	O
Diagnostic-Laboratory & Pathology	Transfusion medicine	O
Diagnostic-Laboratory & Pathology	Virology Reference Lab	NC
Diagnostic-Laboratory & Pathology		
Diagnostic-Laboratory & Pathology		
Diagnostic-Laboratory & Pathology		
Geriatric and Extended Care	Adult Day Health Care (contract)	NC
Geriatric and Extended Care	Adult Day Health Care (VA)#	X
Geriatric and Extended Care	Adult Day Health Care (State)	X
Geriatric and Extended Care	Alzheimers (Dementia) Tx	O
Geriatric and Extended Care	Assisted Living Pilot	X
Geriatric and Extended Care	Community Home Health	NC
Geriatric and Extended Care	Community Nursing Home Care	O

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Program Category	Program	Station 693
Geriatric and Extended Care	Community Residential Care	X
Geriatric and Extended Care	Domiciliary (State)	X
Geriatric and Extended Care	Domiciliary (VA)#	X
Geriatric and Extended Care	End of Life	X
Geriatric and Extended Care	GEM (Outpatient)	O
Geriatric and Extended Care	GEM (Inpatient)	X
Geriatric and Extended Care	Geriatric Consultative Services	O
Geriatric and Extended Care	Geriatric Primary Care	O
Geriatric and Extended Care	GRECC	X
Geriatric and Extended Care	HBPC#	X
Geriatric and Extended Care	Homemaker/Home Health Aid Svcs	NC
Geriatric and Extended Care	Hospice (Inpatient)	O
Geriatric and Extended Care	Hospice (Outpatient)	X
Geriatric and Extended Care	Respite Care	O
Geriatric and Extended Care	VA Nursing Home Care#	O
Geriatric and Extended Care	Nursing Home Care (State)	NC
Geriatric and Extended Care		
Geriatric and Extended Care		
Geriatric and Extended Care		
Medicine	Acute Internal Medicine Beds	O
Medicine	Admitting/Screening	O
Medicine	Aids Clinic (Op)	O
Medicine	Aids/HIV Center	O
Medicine	AIDS/HIV LTC	O
Medicine	Allergy Treatment	O
Medicine	Bone Marrow Trans.	X
Medicine	Cardiac (non-invasive)	O
Medicine	Cardiac Catheterization	V
Medicine	Cardiac Holter	O
Medicine	Cardiac intensive care	O
Medicine	Cardiac telemetry	O
Medicine	Cardiology Section	O
Medicine	Cardiology (Consult/Init)	O
Medicine	Cardiothoracic ICU	O
Medicine	Cardiov. Risk Factor	O
Medicine	Chronic Vent Unit	O
Medicine	Coronary Angioplasty	V
Medicine	Coumadin Clinic	O
Medicine	Dermatology	O
Medicine	Dialysis	O
Medicine	Echocardiology	O
Medicine	Electrocardiography	O
Medicine	Electrophysiology/Pacer	V
Medicine	Endocr. & Metabolism	O
Medicine	Endoscopy (Diag)	O
Medicine	Gastroent - ERCP	O
Medicine	Gastroent - Lasers	NC
Medicine	Gastroent - Proctology	O
Medicine	Gastroenterology	O
Medicine	Gulf War Clinic	O
Medicine	Hematology Section	O
Medicine	Immunology Section	O
Medicine	Infectious Disease	O
Medicine	Intermediate Medicine	O
Medicine	Laser Treatment	X
Medicine	Medical Inpatient ICU	O
Medicine	Metabolic Units	X

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Program Category	Program	Station 693
Medicine	Nephrology Section	O
Medicine	Onc. Cancer Treat. (Prim)	O
Medicine	Onc. Cancer Treat. (Sec)	O
Medicine	Onc. Cancer Treat (Tert)	X
Medicine	Pacemaker Implants	O
Primary Care	Preventive Care Program	O
Primary Care	Primary Prevention Prog (Immunz/screen)	O
Primary Care	Prevention Clinical Team	O
Primary Care	Weight Program	O
Primary Care	Comprehensive Tobacco Cessation Prog	X
Primary Care		
Primary Care		
Primary Care		
Primary Care	Pulmonary - scopes	O
Primary Care	Pulmonary Medicine	O
Primary Care	Rheumatology Section	O
Primary Care	Sleep Disorders Prog	O
Primary Care	Telemedicine	P
Primary Care	Telephone Care/Triage	O
Primary Care	Therapeutic Pheresis	
Primary Care	Transesophageal Usound	O
Women's Health Clinic	Gynecology	O
Women's Health Clinic	Obstetrics	NC
Women's Health Clinic		
Women's Health Clinic		
Women's Health Clinic		
Women's Health Clinic		
Women's Health Clinic		
Women's Health Clinic		
Mental Health Services	Behavioral Medicine (biofeedback)	O
Mental Health Services	Case Management, Intensive (MHICM)*	O
Mental Health Services	Case Management Standard	X
Mental Health Services	Community Residential Care (CRC)	O
Mental Health Services	CWT Transitional Residence (CWT/TR)	O
Mental Health Services	Day Hospital	X
Mental Health Services	Day Treatment	NC
Mental Health Services	Electroconvulsive Therapy (ECT)	V
Mental Health Services	Family education/therapy	X
Mental Health Services	General Mental Health Intermediate Beds	X
Mental Health Services	General Mental Health/SMI Residential Rehab (PRRTP and/or Domiciliary)*	O
Mental Health Services	HCHV Contract Residential Program*	X
Mental Health Services	Homeless Domiciliary*	X
Mental Health Services	Homeless HUD/VASH*	X
Mental Health Services	Homeless grant and per diem*	O
Mental Health Services	Homeless Outreach*	O
Mental Health Services	Mental Health Clinic	O
Mental Health Services	Mental Health consultation-liaison	O
Mental Health Services	Mental Health Emergency	O
Mental Health Services	Mental Health Intensive Care Unit (MHICU)	X
Mental Health Services	Mental Health Primary Care Clinic	O
Mental Health Services	Neuropsychology/Neurobehavioral exam (Psychology)	V
Mental Health Services	Opioid Substitution	V
Mental Health Services	Psychogeriatric clinic	V
Mental Health Services	Psychogeriatric inpt setting (separate unit or NHCU subunit)	X
Mental Health Services	Psychiatry Individual/Group	O
Mental Health Services	Psychology Individual/Program	O
Mental Health Services	Psychosocial Rehabilitation (outpt)	X

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Program Category	Program	Station 693
Mental Health Services	PTSD-inpatient* (EBTPU; SIPU)	O
Mental Health Services	PTSD Outpatient clinics (including PTSD Clinical Teams*)	X
Mental Health Services	PTSD Residential Rehab Program (PRRP and/or Domiciliary*)	X
Mental Health Services	STAR (Sustained Treatment SMI*)	X
Mental Health Services	Sleep Disorders Clinic	X
Mental Health Services	Specialized Women's Programs (Womens Trauma Recovery; Womens Stress D	X
Mental Health Services	Substance Use Disorders-Inpatient*	O
Mental Health Services	Substance Use Disorders-OUTpatient*(including intensive outpatient)	O
Mental Health Services	Tele-mental Health	X
Mental Health Services		
Mental Health Services		
Neurology	ADD	X
Neurology	ALS Center for Excellence	X
Neurology	Behavioral Neurology	O
Neurology	Brain Electrical Activity Mapping	O
Neurology	Consult Svcs (Neuro)	O
Neurology	Dementia	O
Neurology	Electroencephalography	O
Neurology	EMG (Neuro)	O
Neurology	Epilepsy Center	O
Neurology	Evoked Potential Testing	O
Neurology	Movement Disorders	O
Neurology	Multiple Sclerosis	O
Neurology	Nerve Conduction Studies	X
Neurology	Neuro AIDS	O
Neurology	Neuro Bed Svc	X
Neurology	Neurodegenerative Disorders	X
Neurology	Neuroimmunology	X
Neurology	Neurology Service (consultation/liaison)	O
Neurology	Neuromuscular Disease	O
Neurology	Parkinson's Disease	O
Neurology	PADRECC	V
Neurology	Seizure Disorders	O
Neurology	Stroke Center (Acute)	O
Neurology		
Neurology		
Nuclear Medicine	Bone Densitometry	O
Nuclear Medicine	Cyclotron	X
Nuclear Medicine	Nuclear Med (Diagnostic)	O
Nuclear Medicine	Nuclear Med (scans)	O
Nuclear Medicine	PET	O
Nuclear Medicine	Radiation Therapy/Linear Accel	V
Nuclear Medicine	Radioimmunoassay	O
Nuclear Medicine	Radionuclide Therapy	O
Nuclear Medicine	Radiopharmacy	O
Nuclear Medicine	Telenucl Med Interpreter	X
Nuclear Medicine		
Nuclear Medicine		
Pharmacy	Clinical Pharmacy Inpatient	O
Pharmacy	Clinical Pharmacy Outpatient	O
Pharmacy		
Pharmacy		
Prosthetics*/Sensory Aids	ADD Restoration Lab	X

Scope of Service/Clinical Inventory - Station/Marked: Wilkes-Barre, PA		
<b>Codes for how services are provided</b> NC= service provided by Non-VA through a Contract/Consult/Fee O= service on site P= Planned Program (listed must have prior HQ/VISN approval) SC= service provided through community provider sharing agreement SD= service provided through DoD sharing agreements SM= service provided through medical school affiliate sharing agreement V= referral to other VAMC in Network where service provided X= service not provided		
Program Category	Program	Station 693
Prosthetics*/Sensory Aids	Amputee Clinic	O
Prosthetics*/Sensory Aids	Auto. Fabrication & Restoration	NC
Prosthetics*/Sensory Aids	Home Respiratory Care	O
Prosthetics*/Sensory Aids	Prosth/Ortho. Lab.	O
Prosthetics*/Sensory Aids	Wheelchair Clinic	O
Prosthetics*/Sensory Aids		
Prosthetics*/Sensory Aids		
Prosthetics*/Sensory Aids		
Rehabilitation	Biofeedback (Rehab.)	X
Rehabilitation	Brain Injury Rehab*	X
Rehabilitation	Cardiac Rehab. Prog.	O
Rehabilitation	Chiropractic Medicine	X
Rehabilitation	Chronic Pain Program	O
Rehabilitation	Compensated Work Therapy	O
Rehabilitation	Drivers Training Rehab	X
Rehabilitation	Electromyography/nerve conduction studies	O
Rehabilitation	Gait Analysis	O
Rehabilitation	Incentive Therapy	X
Rehabilitation	Kinesiotherapy	O
Rehabilitation	Occupational Therapy	O
Rehabilitation	Physiatry	O
Rehabilitation	Physical Rehabilitation (Inpatient) CIIRP	O
Rehabilitation	Physical Rehabilitation (Outpatient)	O
Rehabilitation	Physical Therapy	O
Rehabilitation	Preservation/Amputation Care & Trtmnt (PACT) *	O
Rehabilitation	Recreation Therapy	O
Rehabilitation	Stroke Rehab.	O
Rehabilitation	Therapeutic Swimming Pool	X
Rehabilitation	Work Evaluation	O
Rehabilitation	Vocational Rehabilitation Therapy	X
Rehabilitation		
Rehabilitation		
Rehabilitation		
Surgery	AICD	O
Surgery	Anesthesia-Pain Control	O
Surgery	Anesthesia (General)	O
Surgery	Anesthesiology-MD on Staff	O
Surgery	Anesthesiology-CRNA only	X
Surgery	Cardiac Surgery	O
Surgery	Endoscopy (Broncho)	O
Surgery	Heart Transplant	X
Surgery	Hyperbaric	V
Surgery	Intensive Care (Sur)	O
Surgery	Kidney Transplant	X
Surgery	Laparoscopic Surgery	O
Surgery	Liver Transplant	X
Surgery	Neodyn. laser	O
Surgery	Neurosurgery	O
Surgery	Ophthalmology	O
Surgery	Optometry	O
Surgery	Region Eye Centers	X
Surgery	Otolaryngology	O
Surgery	Peripheral vasc. Lab	O
Surgery	Podiatry	O
Surgery	Shock Wave	O
Surgery	Surgery (Ambulatory)	O
Surgery	Surgery (General)	O



Scope of Service/Clinical Inventory - Station/Marked: Wilkes-Barre, PA		
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Program Category	Program	Station 693
Surgery	Surgery (Hand)	O
Surgery	Surgery (Orthopedic)	O
Surgery	Surgery (Plastic)	O
Surgery	Surgery (Thoracic)	O
Surgery	Surgery (Urology)	O
Surgery	Surgery (Vascular)	O
Surgery	Surgery (GYN)	O
Surgery	23 hour stay beds	O
Surgery		
Surgery		
Surgery		
Spinal Cord Injury	SCI Center *	X
Spinal Cord Injury	SCI Primary Care Team*	X
Spinal Cord Injury	SCI Support clinic*	O
Spinal Cord Injury		
Spinal Cord Injury		
Spinal Cord Injury		
Other	Emergency Department	X
Other	Fitness Center	O
Other	Free standing outpatient care center	O
Other	Trauma Center	X
Other	Urgent Care	O
Other	Urgent Care	O
Emergency Preparedness Site	Decontamination	X
Other		
Other		
Other		

# Strengths, Weaknesses, Opportunities, Threats

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## Strengths

- ❖ Treating aging population
- ❖ Defined patient population
- ❖ Geographically dispersed access points
- ❖ Performance measuring system
- ❖ Strong integrated health system
- ❖ CPRS
- ❖ Large infrastructure
- ❖ Teaching programs
- ❖ Staff works well together
- ❖ Attentive to ethical issues
- ❖ Congressional support
- ❖ Consolidated purchasing system
- ❖ Value education
- ❖ Community leaders
- ❖ Relationship with state veteran organizations
- ❖ Employee benefits
- ❖ Uniform benefits package
- ❖ Strong special emphasis (specifically mental health)
- ❖ Partnership (Union/Management)
- ❖ Affiliations
- ❖ Continuum of care
- ❖ Special mission
- ❖ Wealth of ideas
- ❖ Resident training
- ❖ Higher care standards compared to private sector
- ❖ Work ethic
- ❖ Good listeners/change drivers
- ❖ Cost competitive product/s
- ❖ Use of data to improve outcomes
- ❖ Significant financial impact on communities
- ❖ Full-Time Physicians

## Strengths, Weaknesses, Opportunities, Threats (Continued)

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### Weaknesses

- ❖ Limited control Over Budget Allocation to the Medical Center
- ❖ Succession planning
- ❖ Appointment/waiting times
- ❖ Varied services at CBOC's
- ❖ Front line staff education difficulties
- ❖ Unfunded mandates
- ❖ Annual appropriation cycle
- ❖ Political influences
- ❖ Unable to bill Medicare
- ❖ Need to be "One VA"
- ❖ Complex pharmacy process
- ❖ Certain Antiquated civilian personnel regulations
- ❖ Public image
- ❖ Inconsistent access to benefits
- ❖ Compliance infrastructure
- ❖ Rural areas
- ❖ Age of facility
- ❖ Aging workforce
- ❖ Transportation between facilities
- ❖ Specialty referral process
- ❖ Inability to compete for filling vacant positions
- ❖ Old infrastructure
- ❖ Increasingly ill patients/multiple co-morbidities
- ❖ Inadequate funding
- ❖ Lack of Intensive Case Management
- ❖ Cardiac Services Offered at Distant Site

## Strengths, Weaknesses, Opportunities, Threats (Continued)

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### Opportunities

- ❖ Expand access
- ❖ True continuum of care
- ❖ Increase collections (MCCR)
- ❖ Change public image
- ❖ Expand telemedicine & technology
- ❖ Outsource space – One VA
- ❖ Partner with other organizations
- ❖ Special needs of our patients (prosthetics, etc.)
- ❖ Expand services
- ❖ Redefine services
- ❖ Expand LTC alternatives (HBPC, HHHA, etc.)
- ❖ Expand hospice/palliative care
- ❖ Independent/Assisted living
- ❖ Improve safety
- ❖ Standardize care
- ❖ Employee/Career development program
- ❖ Partner with DOD
- ❖ Use of Baldrige to define our Strategic Plan
- ❖ Increase serving the underinsured
- ❖ Benchmarking against non-traditional healthcare
- ❖ Alternative medicine

## Strengths, Weaknesses, Opportunities, Threats (Continued)

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### Threats

- ❖ Aging population
- ❖ Competition for enrollees in medical care programs
- ❖ Contracting out & closure of facilities
- ❖ Non-VA prescription benefits
- ❖ Cost increasing for pharmaceuticals (HepC pts.)
- ❖ Pay vouchers for care
- ❖ Expansion of workload with inadequate resources
- ❖ Not being One VA
- ❖ Decreased political support from Congress/decreased VSO members
- ❖ Diminished pool of skilled nurses
- ❖ Recruit & retain employees
- ❖ Generational differences in workforce
- ❖ Contracting out/closures (CARES)
- ❖ Non-prescription drug benefits
- ❖ Prescription co-pay increases
- ❖ Re-missioning of VA facilities
- ❖ Administrative overhead
- ❖ Expansion of our mission to include spouses/family
- ❖ Public image

## **FY/03 BUDGET EXECUTION ASSUMPTIONS (Based on VERA Plus Model)**

This section focuses on the assumptions that are required to operationalize the FY/03 Budget Plan.

### **Programmatic**

1. Maintain the current nursing hours per patient day to ensure patient safety.
2. Provide support staff required per Primary Care Provider at a minimum of 1.0 FTEE (RN)
3. Maintain existing panel size for full time Physician Primary Care Providers at minimum of 1,200 patient level with target of 2.5 visits for Primary Care.
4. Maintain existing panel size for full time Extended Primary Care Providers at 900 patient level.
5. Consolidate the two present Medical/Surgical Units (5 East) to more efficiently serve Veterans based on current utilization. Transfer staff to higher priority needs.
6. Initially, stabilize average daily census at levels reflecting the consolidation of the two Med/Surg units, then gradually reduce inpatient census through more stringent application of INTERQUAL criteria. As census reduces, constantly evaluate staffing needs and transfer staff to other areas of need.
7. Through the first quarter of FY03, maintain current NHCU patient mix, then when feasible through nursing staff transfers, increase the turnover of current NHCU patient mix to increase VERA complexity volume and also expand the present number of transitional beds.
8. Examine the feasibility of a non-profit organization to operate the wellness/recreation therapy program and provide alternative therapy options for those Veterans using these services. This will enable the Core to transfer a recreational therapy assistant and a rehab therapy assistant to address the unmet needs in the NHCU.
9. Examine contract options to expand the homeless initiatives. VHA has directed a major program change with regard to our work with community providers for contract residential treatment services. During FY/03, all contract residential funding will be converted to transitional housing per diem payments only.
10. Increase capacity by 1,200 Veterans at Allentown by transferring a Primary Care Practitioner from Sayre to Allentown and providing sufficient support staff to care for new enrollees.
11. Develop and execute an effective succession planning and mentoring program.
12. Proceed with the scheduled moves as planned during FY/03. These include:
  - Occupation of the new Emergency Room/Life Support areas;
  - Relocation of the Respiratory Therapy functions;

- Conversion of the 5 West clinical spaces into administrative space for the physicians to increase efficiency in the clinic areas; and,
  - Relocation of the 4 Nursing Home Care Unit (NHCU) to the 3<sup>rd</sup> floor of the nursing home area once construction is complete and then renovate the 4<sup>th</sup> floor;
  - Move Hoptel and SARRTP to 5 East
13. Implement Telepsychiatry at Allentown, Sayre and Williamsport. (VISN supported)
  14. Integrate Escort Service into Volunteer Services allowing transfer of two (2) FTEE to areas of need.
  15. The Wilkes-Barre, VA Medical Center sleep lab will close when the Philadelphia VA Medical Center sleep lab is able to accept Wilkes-Barre's patients. This will allow the Core to reassign the Sleep Lab staff to fill vacant respiratory therapy positions.
  16. The Medical Center will investigate the feasibility of integrating the medical cardiac lab functions into the imaging services area with the goal of eliminating the need to fill a Nuclear Medicine position.
  17. The Medical Center will further develop its use of POE to better capture clinical data that may improve financial reimbursement through improved coding accuracy.
  18. Move towards a paperless medical record. The Medical Center will continue to expand its use of CPRS and computerized clinical reminders to improve health care delivery and to reduce the workload requirements of clerical support staff. This increased reliance on electronic medical records will require the Medical Center to fill key vacancies in Health Information Management. As the use of CPRS grows, the Medical Center will evaluate the feasibility of not replacing certain clerical support openings on a one-for-one basis.
  19. Reduce food production staffing levels and redesign meal preparation, distribution and tray retrieval processes to support 450 meals per day.
  20. Pending availability and resources, add sufficient staff (through transfer or as new FTEE, fee or contract) and equipment to reduce the Eye Care waiting times at Allentown and Wilkes-Barre.
  21. Pending availability and resources, add sufficient staff (as FTEE, fee or contract) and equipment to reduce Podiatry waiting times.
  22. Pending availability and resources, add sufficient staff (through transfer or as new FTEE, fee or contract) to reduce Sigmoidoscopy waiting time at Allentown and Wilkes-Barre.
  23. Pending availability and resources, add sufficient staff (through transfer or as new FTEE, fee or contract) to reduce Cardiology procedure time at Wilkes-Barre.

**Financial:**

1. Enhance VERA revenue stream to capture all allowable revenues.
2. Meet the VISN MCCF collections, goals and eliminate backlog.
3. Increase of 20% new patient / uniques.
4. Each Manager will reduce their Core's control points by an average of 3%.
5. Develop pharmacy strategies to maintain expenditures of an increase of 3%.
6. Enhance inter / intra facility communication through the development of a WEB page.
7. Evaluate all existing fee-basis or contractual providers to determine if outright hire is more cost effective than present payment mechanism.
8. Ensure Prosthetic, Engineering and SPD inventory stock levels remain at less than 30 days.
9. Align staffing level with available funding (with limited exceptions).



Wilkes-Barre VAMC FY/03 Strategic Objectives						
<b>Key Business Driver/Strategic Objective 1: Put quality first until first in quality.</b>						
<b>Strategic Target 1. Systematically measure and communicate the outcomes and quality of care.</b>						
Operating Strategies	Action Plan	Resource Impact (\$)	Responsible Party	Target Date	Accomplishments	Linkage
a. (1) Improve performance on Clinical guidelines.	(a) Ensure that Medical Center performance will meet the fully successful or exceptional levels of performance as indicated by the VISN 4 review results. We are in the process of entering the APHR form electronically. For the indicators that have not met the fully successful target the following action plan is submitted: Cancer Screening - Colorectal Cancer - We are implementing a system to send out reminder letters to all veterans to return FOBT slides. Cardiovascular - ACEI prior to admission/Weight monitoring prior to admission - We are exploring the potential for automatic alert on all patients with heart failure diagnosis. ASA on last visit - no action required. Community acquired pneumonia - all providers and support staff advised of the standards and need for compliance. Hepatitis C - tested 11 clinics - Clinic is now being run by Clinical PharmD. Influenza 11 clinics - Letters were sent out to all patients enrolled in PC to obtain information on outside flu and to advise patients that flu shots are available here till the end of Jan. Positive depression		Director, Primary Care & Medical Svcs.	9/30/03	Clinical guidelines and prevention indicators have been combined into Clinical Interventions. We have met or exceeded 30 of 45 indicators. <b>2/26/03</b> 1st qtr report shows we are in Quadrant I. <b>3/10/03</b> 2nd qtr report continues to show improvement. <b>4/9/03</b> Diabetes Retinal Exam - since implementing same-day appointment process in the Eye Clinic, scores in this area have increased dramatically. We will continue with this plan. Colorectal CA Screening - Process has been implemented to have letters sent to patient reminding them of the need to return FOBT slides. Tobacco Use Past 12 Months MH - We have implemented a process of education by the individual providers which has had a positive impact on performance, therefore, we will continue with this course of action. MDD F/U Positive Screen - There was one fallout from the Berwick clinic. The CBOCs have been reminded to call Psychology with positive depression screen and we are monitoring them more closely. <b>5/6/03</b> We have identified issues with Berwick and Good Samaritan CBOCs and are reviewing records monthly. AMI - The management of AMI will be consistent with American Heart Association guidelines. Colorectal ca - We have seen an increase from 53% to 72% which is directly linked with our action plan to send letters to patients to return FOBT slides. The APHR form is now electronic.	9 Pt. Plan - 3.b. Balanced Scorecard - Quality

(1) Maintain Accreditation	(a) Roll out quality initiatives and information through the Top Management Team to frontline staff.		Performance Improvement Coordinator	9/30/03	<p><b>1/03</b> - The Medical Center's Balanced Scorecard was an integral part of the FY02 annual PI Program Review and was distributed to all services in November 2002. The Medical Center's Hospital, Long Term Care and Home Care Programs were reaccredited by the JCAHO for three years in November 2002. CARF</p> <p><b>2/03</b> - VHA Performance Measures and Monitors are service-assigned and monthly updates are posted on the server, assuring the availability of all results to all services.</p> <p><b>3/03</b> Monthly updates continue on the server. Education on JCAHO changes for 2003/2004 is ongoing.</p> <p><b>4/03</b> (1) CSR presentation by our VISN 4/Joint Commission Resources representative on the self-assessment process is scheduled for April 23, 2003. (2) Sayre Outpatient Clinic Lab is due for JCAHO re-accreditation in September 2003. Application for survey was submitted on 4/3/03.</p> <p><b>5/03</b> (1) CSR presentation well-attended on 4/23/03. (2) JCAHO Self-Assessment name changed to Periodic Performance Review. (3) All applicable JCAHO &amp; CARF accreditation manuals are automated &amp; available on the Server. (4) No survey date yet for the Sayre Outpatient Clinic Lab</p>	Balanced Scorecard - Performance
<b>Strategic Target 2.</b> Continuously improve the quality and safety of health care for veterans.						
<b>a.</b> (1) Implement a Bar Code Medication Administration (BCMA) contingency plan and conduct tests of the plan annually.	(a) The Nursing Leadership Committee recommended that a "real time" back-up system be implemented as an adjunct to the BCMA System.	\$4,000	Associate Chief of Staff for Clinical Svcs/Nurse Executive/ BCMA Coordinator	11/1/02	<p>At this time, back up system implemented and tested. A contingency plan was also developed.</p> <p><b>2/03</b> ICU being trained on BCMA &amp; CPRS (verify &amp; validation of orders). Expect to go paperless by April 2003. Awaiting BCMA III</p> <p><b>3/03</b> Nothing new to report at this time.</p> <p><b>4/03</b> BCMA backup will be implemented in ICU the last week in April.</p> <p><b>5/10/03</b> BCMA completed ICU is now paperless.</p>	9 Pt. Plan - 5 Balanced Scorecard - Quality
<b>b.</b> (1) Total replacement of aging BCMA equipment.	(a) Assess needs and submit as part of Information Technology FY/03 spending (equipment) plan.	\$52,820	Supervisor, Information Support Services	9/30/03	<p>Equipment for replacing half the total has been received. Costs to date: \$30032. Target date has been changed from 11/1/02</p> <p><b>Update 2/23/03:</b> No action this quarter.</p> <p><b>Update 3/10/03:</b> No action this quarter.</p> <p><b>Update 4/10/03:</b> Remaining purchase request submitted to RMC for April meeting.</p> <p><b>Update 5/10/03:</b> Received approval from RMC for purchase.</p>	

c.	(1) Continue to strengthen the CARF initiative.	(a) Hire fee basis physiatrist when credentialing process is complete.	\$110,628	Associate Director Rehab & Prosthetics	9/30/03	2/26/03 - Credentialing and Privileging being done on a .2 Physiatrist- 3/4/03 no change 3/10/03 no change 4/7/03 Still waiting Credentialing and Priveleging 5/10/03 No change	Balanced Scorecard - Performance
d.	(1) Formulate qualitative measures in women's health for osteoporosis.	(a) Develop clinical guidelines. Establish parameters to monitor implementation.		Women's Health Coordinator	9/30/03	Guidelines sent to providers for educational purposes. 3/4/03 No change 4/9/03 A review of records will be conducted in May. 5/7/03 Charts will be reviewed this month	Balanced Scorecard - Quality
e.	(1) Ensure the JCAHO requirement for Preventative Maintenance completion rate remains at times 100% target on an ongoing basis	(a) Staff biomed so PM completion rate can be maintained - reducing equipment failures and downtime.		Chief, Facility Management Services	12/2/02	Positions approved by Resource Committee 1-7-03 pending director's approval and VA budget approval. 2/24/03. No change. 3/10/03. No change. 4/0/03. No change. 5/8/03. Working on Upward Mobility Plan.	Balanced Scorecard - Performance
<b>Strategic Target 3. Emphasize health promotion and disease prevention to improve the health of the veteran population.</b>							
a.	(1) Increase the scores on the Prevention Index.	(a) Ensure that Medical Center performance will meet the fully successful or exceptional levels of performance as measured by EPRP surveys.		Director, Primary Care & Medical Svcs.	9/30/03	See 1a above.	9 Pt. Plan - 3.a. Balanced Scorecard - Quality
<b>Strategic Target 4. Develop a performance-based system of incentives, awards, &amp; recognition for achievement of VHA's 6 for 2007 mission &amp; goals.</b>							
a.	(1) Improve employee satisfaction.	(a) Improve employee satisfaction through the use and evaluation of the Medical Center's Q12 Action Plan, which includes actions developed by each core based on the results of the 2001 Gallup Q12 Survey.		Staff Development	9/30/03	Completed	9 Pt. Plan - 6 Balanced Scorecard - Customer Satisfaction
		(b) Review action plans to identify common learning needs.		Staff Development	9/30/02	Completed	9 Pt. Plan - 6 Balanced Scorecard -
		(c) Establish a medical center-wide communication plan		Staff Development	1/2/2003	Completed	9 Pt. Plan - 6 Balanced Scorecard - Customer Satisfaction
		(d) Implement a High Performance Development Model (HPDM).		Staff Development	12/1/02	Completed	9 Pt. Plan - 6 Balanced Scorecard - Customer Satisfaction

	(e) Target 50% of personnel receive Covey education.		Staff Development	9/30/03	36% of staff have completed 3 day education. <b>2/14/03:</b> 39% completed <b>3/3/03:</b> No change <b>4/7/03:</b> 42.8% completed of 50% target <b>5/2/03:</b> 47.3% completed of 50% target	9 Pt. Plan - 6 Balanced Scorecard - Customer Satisfaction
	(f) Implement a mentoring program.		Staff Development	1/17/03	Program completed but suggested changes need to be included. Announcement 1/17/03 <b>2/14/03:</b> Implemented. <b>Completed</b>	9 Pt. Plan - 6 Balanced Scorecard - Customer Satisfaction
	(g) Institute the Individual Development Planning (IDP) Program.		Staff Development	1/2/03	Program completed and will be introduced with mentoring program. <b>2/14/03:</b> Implemented. <b>Completed</b>	9 Pt. Plan - 6 Balanced Scorecard - Customer Satisfaction
	(h) Continue utilization of the facility Reward and Recognition Program.	\$400,000	Human Resources	9/30/03	Awards Committee met 12/02 to screen current submissions. Ongoing process. <b>2/26/03:</b> Awards ceremony scheduled for 02/03. <b>3/03</b> Ongoing process. <b>4/03</b> - Ongoing process <b>5/03</b> - Ongoing process	9 Pt. Plan - 6 Balanced Scorecard - Customer Satisfaction
	(I) Initiate a succession plan.		Human Resources	3/1/03	Committee met 12/02, set agenda, and review of org charts of 11/10/02 to determine positions to target in plan. <b>2/26/03:</b> Formed committee, working on actions plan. Presentation to be given to the Governing Body 3/7/03. <b>3/03</b> Presentation given to Governing Board. Committee continues to meet weekly. Software to be purchased in order to target areas. <b>04/03</b> - Committee formed. Medical Center reviewing staffing levels throughout organization. Succession Committee moving ahead to identify those positions which will be recognized through Succession Plan or Upward Mobility program. <b>5/03</b> - IT attempting to get disc from company to see if it meets new IT standards. AOPC & SOPC areas reviewed and positions identified for Succession Planning.	9 Pt. Plan - 6 Balanced Scorecard - Customer Satisfaction
	(j) Conduct an educational needs assessment of all supervisors.		Staff Development	9/1/03	<b>Completed</b>	9 Pt. Plan - 6 Balanced Scorecard - Customer Satisfaction

	(k) Implement supervisory classes based on supervisory identified needs.		Staff Development	9/1/03	Completed	9 Pt. Plan - 6 Balanced Scorecard - Customer Satisfaction
	(l) Pilot a preceptor program for new nursing employees.		Staff Development	9/1/03	Policy completed	9 Pt. Plan - 6 Balanced Scorecard - Customer Satisfaction
<b>Strategic Target 5.</b> Implement programs for employee training and personal development to ensure continual improvement of the knowledge and skills required to serve the veteran.						
a. (1) Establish a comprehensive educational framework that addresses the continual learning needs of all medical center personnel.	(a) Conduct an educational needs assessment survey of all medical center employees to identify learning needs.		Staff Development Coordinator	9/1/03	Completed	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(b) Utilize a prioritization grid to plan educational programs.		Staff Development Coordinator	10/1/2002	Completed	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(c) Implement classes associated with the identified educational needs.		Staff Development Coordinator	11/1/02	Completed - Ongoing	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(d) Maintain an electronic educational calendar with all course offerings and links to educational opportunities such as VA Learning On-line.		Staff Development Coordinator	9/30/2003	Completed - Ongoing	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(e) Coordinate weekly Employee Development Seminars.		Staff Development Coordinator	9/30/2003	Completed - Ongoing	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(f) Target 100% of Supervising personnel attend the Supervisory Development Program.		Staff Development	9/30/03	Completed - Ongoing. All supervisory classes are announced to 100% of supervisors. To date, 48.1% have attended a program this FY. <b>2/14/03:</b> 71.1% supervisors have attended a program. All classes continue to be announced to 100% supervisors. <b>3/3/03:</b> 100% supervisors offered supervisory classes. 80.7% have attended a program. <b>4/7/03:</b> 100% supervisors offered supervisory classes. 87.5% have attended a program. <b>5/2/03:</b> 100% supervisors offered supervisory classes. 89.89% have attended a program.	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(g) Target 50% of full time employees who receive 40 hours continuing education annually.		Staff Development	9/30/03	3.8% achievement at this time. <b>2/14/03:</b> 12.9% achievement <b>3/3/03:</b> 18.5% achievement <b>4/7/03:</b> 34.6% achievement <b>5/2/03:</b> 46.3% achievement of 50% target	9 Pt. Plan - 6 Balanced Scorecard - Performance

FIDP	(h) Improve communication between Human Resources and Medical Center Employees through the utilization of the HR Hot Topics Newsletter, which will provide optimum dispersion of information, employee incentives, and rewards and recognitions.	\$1,040 Approx. per year or \$20. Per distribution	Human Resources	2/1/03	First newsletter issued Fall 2002. Next issue in process. Change meetings with Service Chiefs to monthly. <b>2/26/03:</b> Committee working on gathering information for a Spring 2003 issue. <b>3/03</b> - Continuing <b>4/03</b> - April distribution planned. <b>5/03</b> - Winter/Spring newsletter distributed. Information being gathered for next issue.	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(i) Formulate and conduct computer classes for Medical Center employees.		Staff Development	3/31/03	<b>Completed</b> - Ongoing. Keyboard, Outlook, Word, Excel, CPRS/GUI, others	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(j) Provide learning map classes for all employees.		Staff Development	1/3/03	<b>Completed</b> - Ongoing	9 Pt. Plan - 6 Balanced Scorecard -
	(k) Provide FISH Philosophy classes to increase employees' understanding of basics of communicating to work together.		Staff Development	9/30/03	<b>Completed</b> - Ongoing	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(l) Provide mandatory classes as required.		Staff Development	9/30/03	<b>Completed</b> - Ongoing	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(m) Appoint a coordinator to implement the Nursing Academy 360 Degrees Performance evaluation.		Staff Development	11/1/02	<b>Completed</b>	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(n) Provide self-study materials to all medical center personnel where applicable.		Staff Development	9/30/03	<b>Completed</b> - Ongoing	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(o) Provide an Equipment Fair for clinical staff to review usage of commonly used equipment.		Staff Development	11/1/03	<b>Completed</b>	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(p) Develop and implement quarterly Contract Officer Tech Representative (COTR) Training.		Chief, Acquisition & Material Management	9/30/03	Pending - Developing <b>2/26/03:</b> 0% Awaiting hiring of Contract Specialist <b>3/10/03:</b> No change. <b>4/10/03:</b> Awaiting VISN program implementation. <b>5/8/03:</b> No change.	9 Pt. Plan - 6 Balanced Scorecard - Performance

	(q) Education to keep up with technology changes and advancements. Assure reasonable Information Technology training needs are met. (60 hr/person)	\$46,000 Tuitions	Staff Development	9/30/2003	Technology education provided. Difficult but pursuing. Await funding. <b>2/14/03:</b> Technology education ongoing. <b>3/3/03:</b> Ongoing <b>4/7/03:</b> Ongoing <b>5/2/03:</b> Ongoing	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(r) Use of the website to ensure the availability of up-to-date clinical and administration information. (Web development)	\$5,000	Staff Development	9/30/03	Website and associated learning opportunities implemented. Links for additional educational opportunities have been identified and provided to webmaster, who will enhance site. <b>2/14/03:</b> Links for web learning available on Staff Development webpage. <b>Completed.</b>	9 Pt. Plan - 5 Balanced Scorecard - Efficiency
	(s) Increase educational funds, which would provide opportunities for all employees to enhance their competency knowledge, and skills.	\$200,000	Staff Development	6/1/03	Await funding. <b>2/14/03:</b> Continue to await funding. <b>3/3/03:</b> Await funding <b>4/7/03:</b> Employee Development Program implemented, and classes provided. <b>5/2/03:</b> Employee Development Program applications received. Review group selected and awaiting final approval of policy.	9 Pt. Plan - 6 Balanced Scorecard - Performance
	(t) Increase the upward mobility / advancement potential of lower grade employees (GS4/5/6).		Human Resources / Equal Employment Manager	9/30/03	<b>HR--RMC</b> met 1-7-03 and identified several positions to be targeted positions of advancement. <b>EEO--</b> Limited recruitment continuing/ongoing. <b>2/26/03:</b> <b>HR</b> - HR Specialist met with EEO regarding positions approved by the Director as upward mobility positions. Targeted upward mobility positions are being evaluated to develop a plan. <b>3/03 - HR</b> - All recommended positions are reviewed by RMC for potential targeted announcements. <b>2/03 EEO:</b> No update. <b>3/03 EEO:</b> No update. <b>4/03 EEO:</b> No update. <b>4/03</b> - Upward Mobility Program Manager will be given info from Succession Planning Committee for those positions falling out of review. <b>5/03</b> - Several positions listed as Upward Mobility: Diagnostic Radiologic Tech, Bio-Medical Technician, 3 Medical Equipment Repairer, Painter, Utilities Systems Operator. Develop plan to go forward position for positions. <b>5/2003:</b> EEO - No Update.	9 Pt. Plan - 6 Balanced Scorecard - Customer Satisfaction

	(u) Increase the under representation of various Equal Employment Opportunity (EEO) groups at all grade levels in Professional Administrative, Technical, Clerical, and other Blue Collar (PATCOB) and Mission Related Occupations.		Human Resources / Equal Employment Opportunity Manager	9/30/03	<b>HR</b> --Recent appointment of female Police Officer, HR continues to encourage RMO's in this area. <b>EEO</b> --Statistical information provided to Service Chiefs and top management. Limited recruitment continuing/ongoing. - Hired: Hispanic MD, Black PhD, Female Service Chief <b>2/26/03: HR</b> -- HR received identified underrepresented groups from the EEO Manager who will educate/inform Service Chiefs in order to give guidance on selection process to increase underrepresented groups. <b>EEO: 2/2003:</b> No update. <b>3/03 - HR</b> - Rec'd from EEO manager - there was no update. <b>3/03 EEO</b> - No update. <b>4/03 - No Update.</b> <b>4/03 EEO</b> - No update <b>5/03</b> - At Directors Staff, EEO Manager continues to brief Service Chiefs regarding this area. <b>5/2003:</b> EEO - No update.	9 Pt Plan - 6
	(v) Implement Equal Employment Opportunity (EEO) Programs to enhance diversity.		Equal Employment Opportunity Manager	9/30/03	Training provided: disability, reasonable accomodation, conduct/performance continuing/ongoing <b>2/2003:</b> No update. <b>3/03:</b> No update. <b>4/03:</b> No update. <b>5/03:</b> No update.	9 Pt Plan - 6
<b>Key Business Driver/Strategic Objective 2: Provide easy access to medical knowledge, expertise, and care.</b>						
<b>Strategic Target 6. Improve access, convenience, and timeliness of VA health care services.</b>						
a. (1) Increase the percentage of all non-emergent primary care appointments scheduled within 30 days of desired date.	(a) Introduce the enhanced access program to the Primary Care areas in an effort to overcome challenges reflected through the increased number of unique patients. - Recruit 2.0 FTEE physicians for projected increase of 2500 patient over existing 38,000 patients. - Reassign 1.0 FTEE RN/LPN from inpatient areas. Continue to purge patients from PCMM who are not using services.	\$360,000	Director, Primary Care & Medical Services	11/1/02	1 MD transferred from SOPC to AOPC where backlog was greatest. 2 Fee Basis NPs hired for AOPC, etc. Part of backlog plan. <b>2/26/03</b> A drive to reduce waiting times for Primary Care began on Saturday, January 18, 2003, with the start of the Saturday Primary Care clinics which continued for 6 consecutive Saturdays through February 22. 412 patients scheduled; 41 no-shows; 117 overbooks; 125.76% utilization of clinic slots. <b>3/4/03</b> next available is 35.6 days and falling. New patient 55.1 days and falling. <b>4/9/03</b> AOPC - Patients were purged and 320 slots were gained. Unused C&P slots were converted to 120 regular slots. Continue to use NP for initial intake. This has helped absorb 400 patients. <b>5/6/03</b> We are meeting the goal for Primary Care.	9 Pt. Plan - 9 (Reduce Waits & Delays) Scorecard - Access



b.	(1) Increase the percentage of all non-emergent specialty care appointments scheduled within 30 days of desired date.	(a) Monitor the results of the enhanced access program and ensure that performance meets the identified standards. Continue to monitor.		Director, Primary Care & Medical Services/Assoc. Dir. Rehab & Prosthetics/Chief of Surgery	2/28/03 or later / ongoing	<p>All specialty clinics are following the principles of waits and delays:</p> <p>Urology: Clinic is restricted to certain clerks for scheduling. All consults are screened by the providers. Carve out slots have been established. Clinics are overbooked, when appropriate.</p> <p>Ortho: Same as above and chronic no-shows are redirected back to primary care.</p> <p>Eye: Established a system to review clinic profiles. In process of evaluating efficiency of surgery schedule. Consults are reviewed on a daily basis.</p> <p>Audiology: Currently evaluating clinic profile to identify ways to enhance efficiency. Plan to order auricle equipment to enhance flexibility in providing hearing aid evaluations. In process of assessing workload parameters to determine if consults could be shifted to AOPC.</p> <p>Cardiology: Meeting goal.</p>	9 Pt. Plan -9.f. Scorecard - Access
b.	(1) Increase the percentage of all non-emergent specialty care appointments scheduled within 30 days of desired date.  CONTINUED	(a) Monitor the results of the enhanced access program and ensure that performance meets the identified standards. Continue to monitor.  CONTINUED		f		<p><u>2/25/03/Surgery:</u> <b>EYE:</b> Clinic schedules reviewed; downtime no longer necessary purged; clinics added during surgical downtime; effective 1/17/03 procedure clinics in AOPC (underutilized) incorporated into main Oph/Opt clinics; clinic profiles altered to reflect more efficient utilization of providers' time and meet demand. Three (3) ophthalmic techs entered on duty and to assume some tasks currently performed by both the optometrist/ophthalmologist staff. Additional lane added at AOPC allowing an additional clinic to be established. Eye Consult Template created to streamline referral process. Clinics overbooked by "no show" rate. Contingency plans developed for vacation time. <b>ORTHO:</b> New clinics and carve out slots added. Pts. referred back to PCP, not kept for chronic reasons. <b>URO:</b> Templates developed for various urology problems with prerequisites defined. Consults continued to be reviewed for appropriateness. Visit intervals reevaluated.</p>	

b.	<p>(1) Increase the percentage of all non-emergent specialty care appointments scheduled within 30 days of desired date.</p> <p>CONTINUED</p>	<p>(a) Monitor the results of the enhanced access program and ensure that performance meets the identified standards. Continue to monitor.</p> <p>CONTINUED</p>				<p><b>3/10/03 EYE:</b> Plan for Optometry support to AOPC developed, initiate April. <b>ORTHO:</b> Loss of designated PA effective 3/7 due to resignation. Ortho support included in Nurse Practitioners schedules. <b>URO:</b> Supply/Demand evaluation to be conducted.</p> <p><b>4/10/03 EYE:</b> consult process eliminated with patients able to be seen on demand/at time of their choosing. <b>URO:</b> Supply/Demand evaluation in process. <b>ORTHO:</b> additional clinics added to practice/each Orthopedist. <b>5/9/03: URO:</b> No Show rates seem to be declining past month. Consult screening in place. Need for re-education of PCPs identified to assure proper review prior to scheduling of patients in Urology Clinic. <b>EYE:</b> NCHU patients who have fallen out for yearly followup have been seen.</p> <p><b>2/26/03 Cardiology</b> - In order to reduce waiting time for Cardiology, all open clinic slots have been utilized regardless of provider or type of slot, regular, carve out or c&amp;p.</p> <p><b>3/4/03 Audiology</b> 17.7 next available appointment with new patient appointment 26.6 days; Cardiology 55.7 next available appointment with new patient appointment 19.8; Eye 38.3 next available appointment with new patient appointment 42.8 days; Ortho 30.8 next available appointment with new patient appointment 34.3 days; Urology 35 days for next available with new patient 46.9 days.</p>	
b.	<p>(1) Increase the percentage of all non-emergent specialty care appointments scheduled within 30 days of desired date.</p> <p>CONTINUED</p>	<p>(a) Monitor the results of the enhanced access program and ensure that performance meets the identified standards. Continue to monitor.</p> <p>CONTINUED</p>				<p><b>4/9/03</b> All clinics were reviewed, all duplicate consults were canceled. Consults were done at time of stress testing. Unused C&amp;P slots were used for patient care. Waiting time as of 4/3/03 &lt; 15 days.</p> <p><b>5/6/03</b> We are meeting the goal in Cardiology.</p>	

c.	(1) Increase the percentage of patients who report being seen within 20 minutes of scheduled appointments at VA health care facilities.	(a) Establish survey tool and do baseline survey of patients.		Chief, Business Office	3/31/03	a and b combined: Supervisor Outpatient Service is currently working with Patient Advocate on the appropriate method to survey patient waiting times. This may be accomplished either by the PALM survey equipment and/or a Time Study. When the guidance is provided, all clinic areas will be included in the survey. <b>Update 2/25/03:</b> No change <b>Update 3/10/03:</b> No change <b>Update 4/10/03:</b> Survey developed and approved with OMB Clearance # 2900-0027. Plans to implement Survey at all CBOC's and Clinic Areas May/June 2003. Stats to be provided to PI Steering Committee. <b>Update 5/10/03:</b> No change	9 Pt Plan - 9 Scorecard - Access
		(b) Survey of all clinic areas.		Chief, Business Office	4/1/03	see above	9 Pt Plan - 9 Scorecard - Access
		(c) Report findings to PI steering/COS for further review/evaluation. Re: adequate staffing, clinical problem areas, etc.		Chief, Business Office	6/1/03	See above	9 Pt Plan - 9 Scorecard - Access
d.	(1) Maintain patient access to telephone care 7 days a week, 24 hours a day.	(a) Maintain a contractual agreement with the Bronx VAMC for that facility to provide 24/7 telephone triage. Process Action Team chartered to review feasibility of performing telephone triage on site.	\$18,000	Nurse Executive	11/1/02 3/30/03	Contract renewed with Bronx for 2003. Completed. <b>2/26/03</b> Nothing new to report. <b>3/10/03</b> Nothing new to report. <b>4/23/03</b> Recommendation by PAC to discontinue contract with Bronx approved by MEC. Nursing leadership is developing an action plan to initiate onsite telephone triage. <b>5/6/03</b> Nursing leadership will develop an action plan to initiate onsite telephone triage by October 1.	9 Pt Plan - 1 Scorecard - Access
e.	(1) Increase access of non-institutional care for Mil-bill eligible veterans.	(a) Explore availability of community funded resources. Include Homemaker Home Health Aide - adult day care. Revise budget to \$360,000 which is the same as 2002 funding level. HHA workload is part of the non-institutional care programs included in the Directors Performance Measures.	all other \$182,000/6 months	Supervisor, Social Work Service	4/1/03	Standardizing local efforts. Pending Budget <b>2/26/03</b> Nothing new to report. <b>3/10/03</b> Nothing new to report. <b>4/9/03</b> Developing plan to increase ADC for H/HHA Program in conjunction with non-institutional care program performance standards. <b>5/7/03</b> Plan developed to expand H/HHA Program.	9 Pt. Plan - 2 Scorecard - Access

f.	(1) Reduce the Echo/Stress Testing backlog.	(a) - Recruit 1.0 FTEE physician - Internally recruit 1.0 FTEE LPN for upward mobility to GS-8 cardiac tech. 1. Scheduling of all tests being done through PC office rather than by individual therapists. 2. Realign work schedules of all therapists for all therapists for greater efficiency. 3. .5 RN from ICU to assist with chemical stress/echos.	\$180,000	Director/Associate Director, Primary Care & Medical Services	11/1/02 6/30/03	Waiting times for dobutamine and stress echos reduced from 6 months to 3 months and regular stresses and thalioms reduced from 6 months to 1 month. Achieved budget neutral after refining work processes. <b>2/26/03</b> Nothing new to report. <b>3/10/03</b> Nothing new to report. <b>4/9/03</b> Schedule procedures 4 weeks. All risk stratification or urgent procedures done same day. <b>5/6/03</b> Due to reorganization within the department, we have not had to recruit for an additional physician FTE. Nursing staff are assigned from MICU to assist with giving meds and therapists schedules have all been realigned for greater efficiency. Completed. Will continue to monitor.	9 Pt Plan - 9 Scorecard - Customer Satisfaction
g.	(1) Investigate the feasibility of utilizing a fee basis strategy to address Sigmoidoscopy waiting times.	(a) - Fee Basis total cost 2000 sigmoids @ \$60.00 / procedure 20 patients per week see in GI clinic @ 40/patients (yearly cost)  - Hire 1.0 FTEE physician Hire 1.0 FTEE Tech Explore if within RN scope to perform sigmoids.	\$320,000	Director/Associate Director, Primary Care & Medical Services	2/28/03	1. Fee basis too costly. 2. MD clinics moved from morning to afternoon which yields increase in number of tests that can be scheduled daily. 3. Sigmoids decreased by 50% due to use of FOBTs. Nurses to do test being ordered. <b>2/26/03</b> 100% review of all scheduled sigmoids was conducted to determine if FOBT was completed prior to scheduling sigmoid. All patients with 3 negative FOBT were canceled. A letter and FOBT kit was sent to the remaining patients requesting them to complete the test and return it to the VAMC. If 3 FOBTs are negative, sigmoid will be canceled. <b>3/10/03</b> Nothing new to report. <b>4/9/03</b> Increased productivity has allowed not to use Drs. Michelstein/Grad. GI procedure availability 4 weeks. <b>5/6/03</b> Due to identified backlog of procedures, Dr. Grad will be utilized on a limited basis not to exceed 8 colonoscopies per 2 weeks. There is no need to hire additional FTE. We are using nurses from other areas to assist.	9 Pt Plan - 9 Scorecard - Customer Satisfaction
h.	(1) Expand Williamsport Outpatient Clinic	(a) Purchase equipment, furniture and supplies.	\$32,000 equipment	Facility Management Support Services	11/1/02	Complete <b>2/24/03</b> No change <b>3/10/03</b> Complete	9 Pt Plan - 2 Scorecard - Access
i.	(1) Renovate 4th floor NHCU	(a) Purchase equipment, furniture and supplies. (Construction Project)	NRM: \$500,000 Equip/Furn: \$211,266	Facility Management Support Services	3/31/03	Postponed to FY 04 <b>2/26/03</b> .Complete for 2003 <b>3/10/03</b> Complete.	9 Pt Plan - 1 Scorecard - Customer Satisfaction

j.	(1) Refresh/replace information technology equipment/software.	<p>(a) - Purchase Lexmark printers, duplex paper drawers, personal computers, flat panel monitors, application server, network attached storage, LTO Drive, 48 port HUB, 24 port HUB, and GBIC.</p> <p>- Continue development of website to include data base driven forms to enhance communication and clinical &amp; administrative information distribution and focus on content management</p>	\$184,020	Information Management Services	9/30/03	<p>a) No purchases made to date</p> <p><b>Update 2/23/03:</b> Request to purchase 70 thin client workstations and 70 flat panel monitors submitted to RMC for Feb meeting.</p> <p><b>Update 3/10/03:</b> RMC approved the purchase of 70 thin clients.</p> <p><b>Update 4/10/03:</b> Quotes received from PCH's vendors. Request to purchase remaining hardware submitted to RMC for April meeting.</p> <p><b>Update 5/10/03:</b> Received approval from RMC for recommended purchases to be entered into IT tracking. Once approval received then 2237's will be entered.</p>	
k.	(1) Web Site Development and Enhancements	(a) Continue development of the VAMCWB Web Site focusing on database driven forms to include on-line surveys, employee roster, etc. and to enhance communication, data distribution and information sharing. As well as incorporation of Content Management System.	\$3,000	Bus Ofc/ISS & Webmaster	9/30/03	<p>The VAMCWB Intranet site became official on 7/10/02. Our InTernet site became official on 11/28/02. Our InTernet contains many links to veteran information and benefits, as well as ensuring communications of the CARES initiative are available to our Stakeholders, Veterans and Employees. Both our websites are being continually updated. Webpage requests have been prioritized by the Web Development Committee. These requests are currently being completed. A web page request form is in the process of being developed for distribution facility-wide. many initiatives are being considered for incorporation of streamline data access and information accessibility. Our Web Site development will be a continuous process with many enhancements along the way.</p> <p><b>Update 2/23/03:</b> Enhancements made to the Intranet webpage include continuous updates to "Star Topics"; enhanced Staff Development page, added information to Help Desk "FAQ's" and "Tips"; facility organizational chart and routing symbols added.</p> <p><b>Update 3/10/03:</b> No further actions to Web Page.</p> <p><b>Update 4/10/03:</b> Enhancements continually added. Existing pages maintained current.</p> <p><b>Update 5/12/03:</b> WebRapids Phase III- Our Web Page is rapidly growing with new and up-to-date topics of Interest and links to important information. We have recently updated the CARES Web Page to include the latest Powerpoint Presentation on both our Intranet and InTernet sites, as well as links to Veteran Eligibility, FY03 Benefits for veterans and dependents and the FY03 Department of Veterans Affairs Fact Sheet. We have also included very important topics on Severe Acute Respiratory Syndrome (SARS).</p>	

I.	(1) Provide support staff required per Primary Care Provider at a minimum of 1.0 FTEE (RN) and 1.0 FTEE administration support.	(a) Shift staff nurses/administrative support after 5E/4E is consolidated.		Director/Associate Director, Primary Care & Medical Services	6/30/03	5E/4E consolidated 9/30/02. Staff reassigned as per needs assessment, 1 RN FTEE, 2 LPN FTEE transferred to PC allowing for attainment of staffing requirements in that area. Reassignment of Primary Care teams being developed by a TAG. <b>2/26/03</b> Nothing new to report. <b>3/10/03</b> Nothing new to report <b>5/6/03</b> Completed.	9 Pt Plan - 5 Scorecard - Efficiency
m.	(1) Maintain existing panel size for full time Physician Primary Care Providers at a minimum of 1200 patient level with target of 2.5 visits for Primary Care. Maintain existing panel size for full time Extended Primary Care Providers at 900 patient level.	(a) Assign 1200 patients per Primary Care Providers. Physician Extenders will be added as indicated by workload.		Director, Primary Care & Medical Services	10/2/02	Achieved.	9 Pt Plan - 5 Scorecard - Efficiency
		(b) Assess current primary care patients to look at those with major psychiatry disorders and minor medical problems and transfer these patients to mental health primary care.		Director, Primary Care & Medical Services/Director, Behavioral Services	3/31/03	Achieved.	
		(c) Assign one resident to block resident clinic allowing one NP to take 560 primary care slots.		Director, Primary Care & Medical Services	12/1/02	Achieved.	
		(d) Increase Tobyhanna to 3 days of operation a week from 2 days.		Director, Primary Care & Medical Services	1/1/03	No progress to date. <b>2/26/03</b> Nothing new to report. <b>3/10/03</b> Nothing new to report. <b>4/9/03</b> Instead of increasing clinic to 3 days/week/we are sending an additional physician 2 days/week. This has cleared up the backlog. <b>5/6/03</b> Action completed, there is no further backlog.	
		(e) Increase capacity at Berwick and Schuylkill.	\$84,000	Director, Primary Care & Medical Services	10/1/02	Achieved.	

	(f) Increase capacity at AOPC by 625 patients. - Create additional room for 1850 patients in provider panels - Recruit for 1.0 FTEE RN (\$68,951) Letters sent to remaining 406 patients giving them the option to enroll at W-B.	\$69,000	Director, Primary Care & Medical Services/AOPC CMO	1/3/03	1444 of the 1850 patients to be assigned have been assigned. Fee basis NPs hired and 1 MD FTE transferred from SOPC to allow for all patients to be enrolled. <b>2/26/03</b> Renovations being made to use File Room and other rooms as additional exam rooms. <b>3/10/03</b> Nothing new to report. <b>4/9/03</b> After purging PCMM we acquired 380 additional slots. Unused C&P slots were converted to regular slots and with increased NP slots we have an additional 400 slots. We anticipate that the backlog will be cleared up by May. <b>5/6/03</b> <b>Completed</b>	2
	(g) Investigate the need for a transportation network.	10,000 (Equip.)	Facility Management Support Services	11/1/03	plan for scheduling patients finalized 1-8-03 <b>2/24/03</b> No change <b>3/10/03</b> Input ongoing <b>4/10/03</b> All info received from DAV has been input; new DAV van due in May. <b>5/8/03</b> Staff Asst. to Director has assumed responsibility.	
n.	(1) Utilize a fee basis ophthalmologist or other temporary strategy to reduce Eye Care waiting times.	\$180,000	Director Surgical Services	2/28/03	<b>Completed</b>	
o.	(1) Determine if existing employee can be retrained to perform eye tech duties for Allentown and Wilkes-Barre.	\$20,000 Equipment	Chairperson, Eye Care Advanced Access Team / Optometrist Surgical Service / CMO AOPC	1/12/03	Three eye techs hired. Report in two weeks. <b>2/25/03</b> WB 2 techs entered on duty in January, AOPC 1 tech entered on duty. <b>3/10/03</b> Awaiting instrumentation <b>4/10/03</b> - Instrumentation not yet purchased. <b>5/10/03</b> - No change re instrumentation. New W-B Techs receiving training for expanding duties.	
p.	(1) Assess the feasibility of fee basis or direct hire of Podiatrist to reduce Waiting Times at AOPC and Wilkes-Barre.	(a) If fee basis cost is less than full time salary Podiatrist, go fee basis temporarily to reduce waiting times at AOPC and Wilkes-Barre (up to 130 days).	Director Surgical Services / CMO AOPC		<b>Completed.</b> Effective 2/1/03 Estimate 28K savings	
q.	(1) Expand the Enhanced Access Initiatives to areas of need.	(a) Podiatry Clinic has been added to Enhanced Access.	Administrative Assistant to Surgical Services	9/30/03	<b>2/25/03</b> Consult template with podiatry referral guidelines in process of development. <b>3/10/03</b> No change. <b>4/10/03</b> : P/T podiatrist to provide additional time dedicated to NHCU workload. <b>5/9/03</b> NHCU backlog brought up to date.	
<b>Strategic Target 7.</b> Optimize the use of health care information and technology for the benefit of the veteran.						

a.	(1) Implement the Electronic Medical Record.	(a) All pharmacists to be given access to provider menu so pharmacists may view the electronic order from the physician within timeframe specified.		Chief of Staff/ Pharmacy	Completed 11/02	All RPHs have access to the provider menu.	9 Pt Plan - 5 Scorecard - Efficiency
		(b.) Implementation of the Total Electronic Medical Record (EMR); - Create, implement, and maintain clinical reminders. - Prioritization of projects - Providing the "tools" (templates, quick orders, overlays, and equipment, etc.) - Providing consistent support and training to the clinicians. - Attaining/maintaining consistent support and training at the clinics and Community Based Outpatient Clinics (CBOCs). - Assign Information Technology collateral support at satellites for EMR. 1.0 FTEE (CAC to facilitate refresher training and provide support to clinicians at all locations (GS 11 step 5 + 25% benefits).	\$242,043 (Equipment) \$64,152 (1.0 FTEE)	Supervisor Information Security Services	6/30/03	Physician Order Entry in all areas except SPU and Chemo. FTEE detailed for 120 days in support CPRS training Target date changed from 3/30/03 <b>Update 2/23/03:</b> Creation of clinical reminders, templates and quick orders ongoing. MRC-approved templates were reviewed and designated either "electronic template" or "document scanning." Clinical information and formal training ongoing. AOPC: Currently reviewing (1) areas to support document scanning (2) areas for CPRS contingency planning and (3) training facility <b>Update 3/10/03:</b> On target for 6/30/03 total electronic medical record. <b>Update 4/10/03:</b> Physician Order Entry in Surgical/SPU; Documents currently scanned: DNR, Advanced Directives, C&P, MRI reports, Outside Labs; DocManager and iMed commercial software ordered. <b>Update 5/10/03:</b> Scanning equipment installed in AOPC. Documents currently scanned: DNR, Advanced Directives, C&P, MRI reports, Outside Labs, Outside reports.	9 Pt. Plan - 5 Balanced Scorecard - Efficiency
		(c) Provide ongoing education on CPRS/GUI.		Staff Development	9/30/03	Completed - Ongoing. Several attempts to schedule meeting with ISS to additionally coordinate have been unsuccessful. Educator assigned full time to provide this training. <b>2/14/03:</b> Process flow charted and Improvements designed. <b>3/3/03:</b> <b>Completed.</b> Ongoing	
		(d) Establish Super Users in each service.		Supervisor, Information Security Services	1/3/03	Nursing personnel have been identified as Super Users <b>Complete</b>	



b.	(1) Initiate Teleradiology for specific studies to be transmitted from Wilkes-Barre VAMC to the Philadelphia VAMC.	(a) - Enable Philadelphia Radiologist to access WB Vista.  - Develop Memorandum of Understanding between both entities.  - Credential and privilege Philadelphia radiologists.  (Recurring Information Technology costs.)	\$9,600	Director/Associate Director PSS  Director/Associate Director PSS  Director/Associate Director PSS	Completed	(a) - T1 line in place.  - MOU done not signed. In Phila. For review.  - Credential and privilege on hold.  <b>Completed</b>	9 Pt Plan -2 Scorecard - Efficiency
c.	(1) Upgrade the current paging and phone systems (Micro cellular).	(a) Complete an assessment of current system and develop specific needs for a new system(s).	\$135,000 (equipment)	Facility Management Support Services & BioMed	1/2/03	Quotes received for paging system. Microcellular being investigated for either NHCU or campus-wide solutions, est \$30,000 or \$85,000 respectively. Cost-saving alternatives also being investigated <b>2/25/03</b> (a) Quotations received for paging. Frequency authorization request to be submitted. Equipment cannot be ordered until frequency authorization is approved. (b). Inexpensive microcellular solution for NHCU found, they are preparing equipment request. No frequency authorization required. \$135,00 paging; \$5,000 microcellular. <b>3/10/03</b> Investigate potential for consolidated VISN buy. <b>4/10/03.</b> (a) Equipment Request submitted for paging system. IT tracking approval received. Frequency authorization request to be submitted. Equipment cannot be ordered until frequency authorization is approved. (b). Microcellular solution for NHCU found, equipment request entered. Requires IT Tracking approval. Pending RA & CBA <b>5/8/03.</b> Exploring option of another more reliable product to tie into new wanderguard system.	
d.	(1) Implement the Patient Incident Reporting (PIR) package.	(a) Fully utilize P I R package.		Performance Improvement	6/1/03	<b>1/03</b> - 1) Contacted other facilities in collaboration with ISS. Unable to emulate other facilities. 2) PIRS system cannot be fully electronic. After initial electronic entry process must revert to paper process. 3) In compliance with VISN 4 mandates on using PIRS. <b>2/03</b> - No updates <b>3/03</b> - No updates <b>4/03</b> -No updates <b>5/03</b> -No updates	9 Pt Plan -2 Scorecard - Quality

e.	(1) Full EFAV (Disaster Recovery)	(a) Identify scenarios and associated risks with disaster planning of the VISTA system.		Supervisor Information Support Services	3/1/03	Telephonic conference call held with HP (vendor) Price quote requested. <b>Update 2/23/03:</b> This has become a VISN initiative. Awaiting guidance from the VISN CIO. <b>Update 3/10/03:</b> We are awaiting guidance from VISN CIO. <b>Update 4/10/03:</b> Awaiting Cost effectiveness outcome from VISN. <b>Update 5/10/03:</b> Awaiting cost effectiveness outcome from VISN.	
f.	(1) Review the need to enter into the VISTA System the need for point of care laboratory testing results. Evaluate utilization of encoder software (3M or Quadramed).	(a) Assess and formulate an action plan that identifies potential.		Coordinator Ancillary Testing Committee	7/30/03	<b>Update 2/24/03:</b> In process of switching Coag Instruments to Hemochron Jr. Upon completion of Start-up and training of them, they will be interfaced with RALS-PLUS. Glucometers are interfaced w/ VISTA thru RALS-Plus system. <b>3/10/03</b> Card Trop T will be replaced w/ BIOSITE Cardiac Marker Panel & will be interfaced thru RALS Plus. <b>Update 4/7/03:</b> Hemochron & Cardiac Marker training completed; Correlation studies in progress; Interface purchase is pending. BNP test for CHF added, this will improve patient care and eliminate unnecessary hospitalization for these patients. <b>5/6/03:</b> BNP test is being performed in ER and ICU. PT and ACT testing on Hemochron instrument have started. Cardiac marker panel should be ready by June 2003. Awaiting purchase of software license for RALS-PLUS interface.	9 Pt Plan -2 Scorecard - Efficiency
g.	(1) Implement a Telecare strategy.	(a) Formulate a plan to initiate telecare within the system.		SWS/ISS	11/1/02	<b>Update 2/23/03:</b> Finalizing cost for Telemedicine capability at the five CBOC's. <b>Update 3/10/03:</b> No Change <b>Update 4/10/03:</b> Proposal accepted by VISN. Requested transfer of funds. Awaiting IT tracking. <b>Update 5/10/03:</b> Installation of T-1 lines scheduled the week of June 15, 2003. Received IT tracking approval for Polycomm Equipment.	9 Pt Plan -5 Scorecard - Efficiency

	(b) Purchase video conferencing equipment for Allentown, Sayre, and Williamsport outpatient based clinics.	\$31,000 (equipment)	Information Support Services	1/1/03	Price quotes received from multiple vendors. <b>Update 2/23/03:</b> Finalizing cost for Telemedicine capability at the five CBOC's. <b>Update 3/10/03:</b> Requests entered into IT tracking. Awaiting approval. Tobyhanna T-1 line installed. <b>Update 4/10/03:</b> Request re-entered into IT tracking for approval. Request for T-1 installation to clinics sent. <b>Update 5/10/03:</b> T-1 lines scheduled to be installed at remaining CBOC's June 16, 2003. Received IT tracking approval for the Polycom units and router equipment.	
h.	(1) Fully Implement Vista Imaging	(a) Reassign 1.0 FTEE VISTA coordinator for Imaging/Radiology/Nuclear Medicine.	Patient Support Svc Business Office(ISS) Biomed	6/30/03	On Target <b>Update 2/23/03:</b> (1) VISTA Imaging available on all desktops. (2) Document scanners have been placed in the Lab, File Room and HIMS area. (3) Muse system went live on January 23/24. Tracings stored in Wilmington. (4) Noaction taken on reassignment of FTEE. <b>Update 3/10/03:</b> Scanners placed in Inpatient Areas. <b>Update 4/10/03:</b> VISTA Imaging training received 4/3/03. Scanned documents to date: DNR, Advanced Directives, C&P, MRI reports, Outside Lab results. <b>Update 5/10/03:</b> Scanners installed at AOPC. Scanned documents to date: DNR, Advanced Directives, C&P, MRI reports, Outside Lab results and Outside medical reports.	9 Pt Plan -5 Scorecard - Efficiency
<b>Strategic Target 8.</b> Increase provider and veteran knowledge of the impact of military service on health.						
a.	(1) Screen more veterans for military sexual trauma.	(a) Screen 80% of all males/females. 1. Continue to screen veterans; 2. Educate Primary Care Providers to complete screenings; 3. Still working with IMS to verify number screened.	Supervisory Social Worker	10/30/02	<b>2/26/03</b> As of January 31, 40% of all veterans have been screened. All providers have been educated. <b>3/10/03</b> Nothing new to report. <b>4/9/03</b> Total number of patients screened is 13,261 or 52%. <b>5/7/03</b> 14,608 patients (57%) have been screened.	9 Pt Plan -2 Scorecard - Quality
	(b) Formulate an educational strategy to ensure providers are knowledgeable in relation to each military event and the associated possible medical implications.		Staff Development	1/2/03	Completed - 78% of employees have participated in Domestic Preparedness Awareness. Satellite programs also provided and available on an ongoing basis. <b>2/14/03:</b> 100% of employees have completed Domestic Preparedness Awareness. Additional information forwarded as received. <b>Completed</b>	

Key Business Driver/Strategic Objective 3: Enhance, preserve, and restore patient function.							
Strategic Target 9. Enhance outcomes for patients with special needs and special disabilities.							
a.	(1) Identify the gaps of services in Special Emphasis Programs	(a) Conduct a Gap Analysis on the needs of special emphasis patient populations (I.e., TBI, SCI, Homeless, Hepatitis C, Women's Hea, Persian Gulp, Agent Organe. We are in the process of completing a gap analysis.		Chief of Primary Care/Chief of Mental Health & Behavioral Services	12/1/02 - 3/31/03	2/26/03 Nothing new to report. 3/10/03 Nothing new to report. 4/23/03 Nothing new to report. 5/6/03 Accomplished. No gaps identified in provision of timely care.	9-Pt. Plan - 2
b.	(1) Increase the percentage of veterans who were discharged from a Health Care for Homeless Veterans (HCHV), community-based contract residential care program to independent or a secured institutional living arrangement.	(a) Explore the feasibility of requesting funds from the medical center budget for this chronic population or identify bed resources at the medical center. Adult Day Care (ADC) contract residential care - \$45./day or medical center acute care bed \$1065/day and Long Term Care (LTC) bed \$305/day. Medical Center funding required to support Contract Residential Tratment Placements. VHA funding limited to \$80,000. Need an additional \$80,000 - \$100,000.	6 months ADC \$32,000 Acute care \$777,450 LTC \$222,650	Supervisor Social Work Service	4/1/03	Pending - No action to date 2/26/03 Received \$80,000 from Central Office. VISN will fund remaining up to last years level of \$195,000. Awaiting budget. 3/10/03 Nothing new to report. 4/9/03 Awaiting transfer of budget from VISN. 5/7/03 \$115,000 was transferred from VISN.	9-Pt. Plan - 3.b. Scorecard - Quality
c.	(1) Process all prosthetic orders within five (5) days.	(a) - Regular surveillance of the suspense file for prosthetics orders. - Communicate to staff that delayed orders is not acceptable and Leadership must be advised in advance if orders are close to 5-day boundary. - Redistribute workload as appropriate when possibility for delayed orders are recognized.		Associate Director Rehab & Prosthetics	9/30/03	2/26/03 - First Qtr FY 03-No Delayed Reports. We will continue to monitor. Complete - ongoing effort. Second quarter to date no delayed reports 3/10/03 No change 4/7/03 - No delay reports 5/10/03 - No Change	Scorecard - Performance
d.	(1) Examine the feasibility of a non-profit organization to operate the wellness/ recreation therapy program and provide alternative therapy options for those Veterans using these services.	(a) Discuss with Regional Counsel through our Risk Manager the feasibility to employ one of the following alternatives:		Associate Director Rehab & Prosthetics	3/30/03	2/26/03 - All information needed for review by Regional Council submitted on 2/18/03. 3/10/03 No change 4/7/03 - No answer Regional Council went forward with plan on 4/8/03 5/10/03 No change	9 Pt Plan -1 Scorecard - Efficiency

	(I) Utilize volunteers to provide on-site supervision of the patients who participate in the exercise program, with general supervision from the staff of PT/KT.		Associate Director Rehab & Prosthetics	3/30/03	2/26/03 - We have approximately 13 volunteers interested. Of which seven (7) have been oriented to the clinic. 3/10/03 No change 4/9/03 Complete 5/10/03 - No change	9 Pt Plan -1 Scorecard - Efficiency
	(I) Utilize volunteers to provide on-site supervision of the patients who participate in the exercise program, with general supervision from the staff of PT/KT.		Associate Director Rehab & Prosthetics	3/30/03	2/26/03 - No need to address at this time. 3/10/03 Two volunteers have started working Tues and Thurs afternoons 4/8/03 Complete 5/10/03 No change	9 Pt Plan -1 Scorecard - Efficiency
	(c) Seek services outside to provide alternative programs for these veterans and discuss their bringing these programs into the facility:		Associate Director Rehab & Prosthetics	3/30/03	2/26/03 - No need to address at this time. 3/10/03 No change 4/7/03 No longer applicable at this time 5/10/03 No change	9 Pt Plan -1 Scorecard - Efficiency
	(I) Bureau of Aging		Associate Director Rehab & Prosthetics	3/30/03	2/26/03 - No need to address at this time. 3/10/03 No change 4/7/03 No longer applicable at this time 5/10/03 No change	9 Pt Plan -1 Scorecard - Efficiency
	(II) Retired Seniors Volunteer Program		Associate Director Rehab & Prosthetics	3/30/03	2/26/03 - No need to address at this time. 3/10/03 No change 4/7/03 No longer applicable 5/10/03 No change	9 Pt Plan -1 Scorecard - Efficiency
	(III) Local Service Organizations		Associate Director Rehab & Prosthetics	3/30/03	2/26/03 - Marine Corp League has five (5) volunteers interested. 3/10/03 Marine Corp League will be fully trained by 3/21/03 4/8/03 Complete 5/10/03 No change	9 Pt Plan -1 Scorecard - Efficiency
	(IV) Utilize the current Vets for Vets group and behavioral services to help manage the patients during this time of change.		Associate Director Rehab & Prosthetics	3/30/03	2/26/03 - No need to address at this time. 3/10/03 No change 4/8/03 Complete 5/10/03 No Change	9 Pt Plan -1 Scorecard - Efficiency
<b>Strategic Target 10.</b> Coordinate acute, chronic, and rehabilitative care to improve patient functioning.						

a.	(1) Increase the average functional change of veterans undergoing rehabilitation in a medical rehabilitation unit.	(a) Continue to complete functional independence measure on all patients in the Rehab Unit.		Associate Director Rehab & Prosthetics	9/30/03	2/26/03 - No new data available at this time. 3/10/03 No change 4/10/03 <b>TOTAL FIM GAIN - ORTHO: VA: 37.8 REG: 25.9 NATION: 25.1+++ POST HIP: VA: 48.00 REG 24.9 NATION 23.2+++</b> 5/10/03 No change	9 Pt Plan - 2 Scorecard - Quality
		(b) Improve scores to exceed the regional levels for functional assessment groups.		Associate Director Rehab & Prosthetics	3/30/03	2/26/03 No new data available at this time 3/10/03 No change 4/10/03 Average FIM Gain <b>TOTAL: VA: 22.2 - REG: 22.3 - NATION: 21.6+ / ORTHO VA: 37.8 REG: 25.0 NATION: 25.1++ POST HIP VA: 45.00 REG: 24.9 NATION: 23.2+++</b> 5/10/03 <b>No Change</b>	
		(c) Promote earlier referral and acceptance to the Rehab Unit.		Associate Director Rehab & Prosthetics	3/30/03	2/26/03 - Contine to monitor for effectiveness. 3/10/03 No change 4/8/03 The Rehab & Prosthetics PI committee will be doing a new stakeholder survey seeking areas for improvement 5/10/03 No Change	
		(d) Encourage more appropriate rehab referrals through Rehab referral template.		Associate Director Rehab & Prosthetics	3/30/03	2/26/03 - Contine to monitor for effectiveness. 3/10/03 No change 4/8/03 The Rehab & Prosthetics PI committee will be doing a new stakeholder survey 5/10/03 No change	
b.	(1) Increase the average length of stay efficiency of veterans undergoing rehabilitation for a lower extremity amputation.	(a) Identify the amputees while in acute care through the Functional Status Outcomes Database.		Associate Director Rehab & Prosthetics	Ongoing	2/26/03 - No new data available at this time. 3/10/03 No change 4/10/03 <b>LOS EFICIENCY AMPUTEE: VA: .59 REG: 1.10 NATION: .88 (better) AVERAGE LOS AMPUTEE: VA: 27 REG: 30 NATION: 30</b> 5/10/03 No Change	9 Pt Plan - 2 Scorecard - Quality

	(b) Begin treatment as soon as the patient is able to participate.		Associate Director Rehab & Prosthetics	9/30/03	2/26/03 - Through this early identification process we are able to offer our patients earlier intervention. <b>Complete.</b> 3/10/03 No change 4/9/03 Rehab staff continue to monitor patients status to provide timely intervention 5/10/03 No Change	
	(c) Intervene as appropriate for temporary prosthesis to be made.		Associate Director Rehab & Prosthetics	9/30/03	2/26/03 - The prosthetic committee meets twice monthly but any prosthetic device can be approved outside of committee. <b>Complete</b> 3/10/03 No change 4/8/03 Utilize vendor stats for quicker turnover time for temporary prosthesis 5/10/03 No change	
	(d) Monitor by Wound care for stump healing as appropriate.		Associate Director Rehab & Prosthetics	9/30/03	2/26/03 - <b>Complete</b> 3/10/03 No change 4/8/03 - Ongoing 5/10/03 No change	
	(e) Send patient home (if appropriate) until temporary prosthesis is available for training prior to bringing patient into rehab.		Associate Director Rehab & Prosthetics	9/30/03	2/26/03 - Agressive d/c planning is encouraged and rehab staff participate on the interd teams to promote this effort. 4/8/03 Rehab staff attend Inter-D and advise this action when appropriate 5/10/03 No change	
c.	(1) Pursue sending sleep laboratory studies to the Philadelphia VAMC.	(a) Investigate potential strategies. Re-evaluate feasibility in six (6) months. Meeting with Philadelphia 2nd week of January evaluating home studies with discs being sent to Philadelphia for reads.	Director/Associate Director Primary Care & Medical Services	3/1/03	WB program continues with backlog at Philadelphia. Second tech will be used in late Feb to decrease WB backlog. 2/26/03 Neurologist, pulmonologist and respiratory tech visited the Phila VAMC and are in the process of writing their report and making recommendations. 3/10/03 Nothing new to report. 4/9/03 Given capacity and backlog, sleep lab will not be transferred to Philadelphia. All work will be done here. Backlog < 3 months. 5/6/03 <b>Completed</b>	9 Pt Plan -3 & 5 Scorecard - Efficiency
d.	(1) Assess the feasibility of integrating Escort Service into Voluntary Services	(a) Assess medical needs for Escort Services.	Director/Associate Director PSS, and Voluntary Service	1/2/03	Escort Service merged with Voluntary Service on 11/17/02. NHCU volunteer needs being assessed daily. <b>Completed</b>	9 Pt Plan - 5 Scorecard - Efficiency

e.	(1) Assess the feasibility of integrating the medical cardiac laboratory functions into imaging services.	(a) - Review the feasibility of realigning the medical cardiac rehab functions into imaging services. - Review the technical aspects of merging both functions..		Director/Associate Director Primary Care & Med Serv. Director/Associate Director PSS	4/30/03	On hold pending clarification from Primacy Care/Medical Service. Meeting to be scheduled with supervisor of Respiratory Care to workout details and timeline. <b>3/7/03</b> Nothing new to report. <b>4/8/03:</b> Nothing new to report. <b>5/6/03</b> This has been reviewed and we have decided not to pursue this further. <b>Completed.</b>	9 Pt Plan - 5 Scorecard - Efficiency
f.	(1) Utilize the Prosthetics Clinical Management Program.	(a) - Educate staff on current BPAS for future purchasing. - Ensure compliance to BPAS when purchasing prosthetic items. - Work with contracting officials in developing clinical guidelines appropriate with the contracting services.		Associate Director Rehab & Prosthetics	3/30/03	<b>2/26/03</b> - Most recently HCRC coding error demonstrated a reduced percentage for Tens Units. We have corrected the problem. <b>3/10/03 No change</b> <b>4/9/03</b> Walker - Folding (pick-up - 86.78% - Folding Walker - 75% - Standard Wheelchair - 95.24% - Blood Pressure Monitor - 100% - VED - 100% - TEN Unit - 100% - TEN Unit - 100% <b>5/10/03</b> No change	9 Pt Plan - 4, 5 Scorecard - Efficiency
g.	(1) Evaluate Community Based Outpatient Clinic (CBOC) utilization of resources.	(a) Evaluate the results of CARES and relate to patient needs.		Chairperson Strategic Planning Committee	1/2/03	The Planning Initiatives have been identified for the Eastern Market, which include Wilkes-Barre. Currently the Eastern Market Task Force is developing the Market Plan which will address these initiatives. The Market Plan is due by 2/28/03. <b>2/03</b> - We have developed our narrative addressing the planning initiatives. Our position indicates two alternatives for each of the three identified planning initiatives. The final response for the narratives from the Network is due by April 15, 2003. <b>3/03</b> - In preparation for our final submission on our CARES alternatives due April 15, 2003 we are completing the workload spreadsheets that will be used for the IBM template. The Network intends to enter each facilities workload into the template around March 17th or 18th. Also, on March 27th a presentation on the Market Plan for the Eastern Market will be presented in Coatesville. On March 28th we will share the Market Plans by hosting the following meetings: Employee Town Meeting, Congressional Meeting and a Stakeholder Meeting.	9 Pt Plan - 4, 5 Scorecard - Efficiency



						<p><b>4/03</b> The Market Plan to address the Planning Initiatives for Wilkes-Barre was submitted and accepted by the Network prior to 4/15/03. Essentially, Wilkes-Barre has the capacity to assume the anticipated increase workload in inpatient medicine and the sharp increase in outpatient primary care and outpatient specialty care through 2022. In addition, Wilkes-Barre has proposed to establish a CBOC in Northampton County. This information was shared at the Employee Town Meeting, Congressional and Stakeholder Meeting held on March 28, 2003.</p> <p><b>5/03</b> The Market Plan submitted by the Network, which includes Wilkes-Barre's has been submitted to Central Office for review. The collaborative opportunity with VBA was submitted without a specific strategy. However, early feedback from Central Office is indicating that an initiative should be developed. Wilkes-Barre has proposed an initiative; awaiting VBA's concurrence. Regarding the CARES Commission hearings, one is scheduled for Coatesville on June 19, 2003.</p>	
	(b) Formulate a strategy that will assess and monitor current CBOC performance and resource utilization.		Director Primary Care & Medical Services	1/2/03	<p><b>3/4/03</b> - We currently are reviewing all sites for EPRP performance and doing comparisons relating to non-formulary drug usage.</p> <p><b>4/9/03</b> If it is monitored and discussed with CMO clear justification obtain for off drug use.</p> <p><b>5/6/03</b> Onsite record reviews of Berwick and Good Samaritan CBOCs has been initiated to supplement retrospective reviews. Completed.</p>		
<b>Key Business Driver/Strategic Objective 4: Exceed patients' expectations.</b>							
<b>Strategic Target 11. Ensure that patients understand and participate in decisions about their health care.</b>							
a.	(1) Decrease the percentage of patients who report problems in the following categories regarding their participation in health care decisions: - Patient involvement in decision-making. - Information on condition/ treatment.	(a) Ensure that performance reaches the fully satisfactory level on exceeding patients' expectations.	Executive Assistant, Performance Improvement	Ongoing	<p><b>1/03</b> - Initiated the National "Speak-up" Program developed by JCAHO (Who, What, Where, When, Why, and How)</p> <p><b>2/03</b> - No updates</p> <p><b>3/03</b> - No updates</p> <p><b>4/03</b> - This is ongoing issue which is being tracked by the Patient Advocate through the National Patient Advocate VISTA software and reported to PI Steering Committee quarterly.</p> <p><b>5/03</b> (1) Plan to reinforce the JCAHO "Speak Up" program via reminder memo.</p> <p>(2) "Partners in Health" brochure is still being provided to veterans.</p> <p>(3) Telephone card with phone extension information is in distribution to veterans.</p>	9 Pt Plan - 9 Scorecard - Customer Satisfaction	
<b>Strategic Target 12. Create a health care environment characterized by courteous and coordinated patient-focused service.</b>							

a.	(1) Maintain the percentage of patients who report problems for the following Veterans Health Service Standard (VHSS). - Patient education - Visit coordination - Pharmacy categories	(a) Realize a customer-friendly, patient focused environment by June 2003 through the use of improved signage, and continued educational initiatives		Executive Assistant, Performance Improvement	04/01/03	<p><b>1/03</b> - 1. We are marking more supplies for CMOP. 2. In the process of planning to combine IP &amp; OP Pharmacy 3. Increasing 90 day fills. 4. All to reduce waiting time &amp; improve patient satisfaction. All actions are ongoing initiatives for improving processes in the Pharmacy.</p> <p><b>2/03</b> - No updates.</p> <p><b>3/03</b> 1. All pharmacy initiatives remain the same. 2. Telephone card is being distributed by clerks to patients. 3. CMOP information sheets are targeted for June.</p> <p><b>4/03</b> 1. Signs are being printed for all clinic areas in all facilities to indicate that if the patient has been waiting longer than 20 minutes, they should notify the clerk. 2. Fee Service card to provide patient education and information is going to be printed and distributed.</p> <p><b>5/03</b> (1) A fee service information card has been drafted and approved. We are awaiting printing and financial information.</p> <p>(2) Awaiting clinic signs that give direction for waiting time of 30 minutes. They are being printed.</p>	9 Pt Plan - 9 Scorecard - Customer Satisfaction
		(b) Identify staff through use of uniforms and badges and purchase replacement uniforms.	\$7000/qtrly	Facility Management Support Service	9/30/03	<p>Awaiting approved budget</p> <p><b>2/24/03</b> No change.</p> <p><b>3/10/03</b> No change.</p> <p><b>4/10/03.</b> Order processed for all pending updates 5/1/03.</p> <p><b>5/8/03.</b> Due late June.</p>	Scorecard - Customer Satisfaction
		(c) Reduce window-waiting times by restructuring processes. Use CMOP to facilitate reduction of waiting times at pharmacy windows.		Pharmacy	5/1/03	<p><b>2/21/03</b> Process in place, however, successfulness of staff availability to man the extra stations. There are 2 employees slated to be detailed into the Outpatient Pharmacy area to assist with patient issues and mail processing.</p> <p><b>3/10/03</b> Based on staff availability, mail being sent to AOPC; prescription fill process is being reviewed to improve efficiency.</p> <p><b>04/10/03</b> Ongoing issues with staff availability to improve efficiency</p> <p><b>-5/15/03</b> - Ongoing issues with staff availability to improve efficiency. Disfunctional robot removed expanding work area of Outpatient Pharmacy with additional work stations.</p>	9-Pt. Plan - 3

		(d) Reduce number of patient service problems as reported in the National Performance Data Feedback Center outpatient survey in all components.		Executive Assistant, PI	9/30/03	<p><b>1/03</b> - Being addressed by SHEP action plan.</p> <p><b>2/03</b> - No updates</p> <p><b>3/03</b> 1. Speech Clarity Program delivered and made available. 2. Audio facts installed.</p> <p><b>4/03</b> - Ongoing issue. Data is tracked by the National Patient Advocate VISTA Reporting Package and reported to the PI Steering Committee quarterly.</p> <p><b>5/03</b> Spoke with supervisor/telephone operators and gave reminder that all calls need to be directed to the service. All issues will be handled at that level. They will encourage the caller to use voice mail provided and await a return call from the service.</p>	Scorecard - Customer Satisfaction
<b>Strategic Target 13.</b> Continually assess and improve patients' perceptions of their VA health care.							
a.	(1) Increase the percentage of patients rating VA health care service as very good or excellent. - Inpatient - Outpatient	(a) Assess the feasibility of developing service level patient advocate program.		Executive Assistant, PI/ Pt. Advocate	Ongoing	<p><b>1/03</b> - Presented Service Level Patient Advocate Program on September 2, 2002. Included was: 1) Outline of decentralized program; 2) Responsibility flow chart; 3) Computer issue/tracking training; 4) Other patient advocate listings (example); 5) Bullet document #21 Introduction to service letter and 6) Bulletin to all employees.</p> <p><b>2/03</b> - No updates</p> <p><b>3/03</b> - No updates</p> <p><b>4/03</b> - No update.</p> <p><b>5/03</b> - No update.</p>	9 Pt Plan - 9 Scorecard - Customer Satisfaction
		(b) Initiate the PULSE Toolkit.		Patient Advocate	11/1/02	<p><b>2/03</b> - Several services have expressed interest in using PULSE System. Business Office is currently developing a survey using questions from the database.</p> <p><b>3/03</b> Business Office is awaiting approval of a survey. They have added one question.</p> <p><b>4/03</b> BO Survey approved and an OMB number assigned by VISN.</p> <p><b>5/03</b> No use of PULSE computer toolkit. However, the question database was used to prepare a survey for the Business Office.</p>	9 Pt Plan - 9 Scorecard - Customer Satisfaction

		(c) Utilize Women Veterans' Coordinator to address women's issues in the community.		Women's Health Care Coordinator	9/30/02	Guest speaker at local WAVES program. Ongoing. <b>3/4/03</b> - Another education program held in February 2003. <b>4/9/03</b> Will participate in the Armed Forces luncheon in Scranton on May 14. An educational program is planned for May 28, 2003. <b>5/6/03</b> A program in conjunction with the Preventive Health Coordinator is being planned for Womens Health Week in May.	9 Pt Plan - 9 Scorecard - Customer Satisfaction
		(d) Report results of National Customer Feedback Surveys for inpatient care, outpatient care, HBPC and the special emphasis programs to customers and veteran service organizations..		Executive Assistant, Performance Improvement	9/30/03	<b>2/03</b> - Outpatient Action Plan written in response to the first SHEP Survey results is nearly completed and will be monitored thru the National Patient Advocate Tracking Package in VISTA. Inpatient results will be reported to PI Steering Committee in March and graphs, using that data, have been provided for the Baldrige Team, Carey Award application. <b>3/03</b> Satisfaction Bulletin Board was updated with SHEP Survey results. <b>4/03</b> Introduction to IDEAS. This is a website that makes raw data available and is updated daily by NRC. First training session was 4/2/03. Compliments SHEP in Office of Quality of Management. <b>5/03</b> (1) New employee orientation is provided monthly as necessary. (2) Presented the Patient Advocate Program to Nursing staff. (3) Patient Advocate is available at monthly VSO Meetings	9 Pt Plan - 9 Scorecard - Customer Satisfaction
		(e) Utilize Minority Veteran Coordinator to address minority issues in the community and at the medical center.		Minority Veteran Coordinator	9/30/03	Coordinator continues to address minority veteran issues. Also, involved in homeless program. <b>2/26/03</b> Ongoing. <b>3/10/03</b> Ongoing. <b>4/9/03</b> Ongoing. <b>5/7/03</b> Ongoing.	9 Pt Plan - 9 Scorecard - Customer Satisfaction
<b>b.</b>	(1) Maintain new signage system.	(a) Purchase new/additional signs as needed	\$21,000	FMSS	3/31/03	Awaiting approved budget <b>2/24/03</b> No change. <b>3/10/03</b> No change. <b>3/31/03.</b> Requisition sent to Purchasing <b>4/10/03.</b> Order placed; due in 6/2/03. <b>5/8/03.</b> No change.	Scorecard - Customer Satisfaction

c.	(1) Computerized Wayfinding.	(a) Purchase starter system equipment	\$53,210	FMSS	3/31/03	Awaiting approved budget <b>2/24/03</b> No change. <b>3/10/03</b> No change. <b>4/10/03.</b> Awaiting updated quote. <b>5/8/03.</b> No change.	Scorecard - Customer Satisfaction
d.	(1) Update & maintain interior finishes.	(a) Replace worn carpet Zolatone remaining corridors	All other \$14,000 per wing \$2000 per room	FMSS	9/30/03	Awaiting approved budget <b>2/25/03</b> No change <b>3/10/03</b> No change. <b>4/10/03.</b> Project being developed. <b>5/4/03.</b> Carpet replaced Dental waiting room,, ISS office and Biomed Office.	Scorecard - Customer Satisfaction
<b>Strategic Target 14.</b> Promote cooperation and collaboration throughout VA in order to provide "All-VA" seamless service to veterans.							
a.	(1) Maintain the percent of electronic transmissions between VBA and VHA.	(a) Continue to monitor on a monthly basis electronic submission of C&P examinations and ensure percent level remains at 99%. Also, do same monitoring of AMIE requests to Release of Information from VBA and ensure 99% compliance and timeliness within 22 days.		Chief, Business Office	9/30/03	Health Benefits Section has increased its monitoring of this unit from monthly to weekly. AOPC backlog has increased average processing days for both sites combined. AOPC Comp and Pension staff to attend training session in Florida the end of January 2003. Also, a process evaluation spreadsheet will be implemented January 14, 2003, to evaluate timeliness/problem areas in all steps of the C&P process. <b>Update 2/25/03:</b> Health Benefits Section has continued monitoring this area weekly. AOPC Comp and Pension staff completed training in Florida in January 2003. Average processing days for both WB and AOPC combined have decreased. The process evaluation spreadsheet, implemented January 14, 2003, is a tool to evaluate timeliness/problem areas in all steps of the C&P process. <b>Update for 3/10/03:</b> No changes <b>Update for 4/10/03:</b> No changes <b>Update for 5/10/03:</b> No changes	Scorecard - Customer Satisfaction
<b>Key Business Driver/Strategic Objective 5: Maximize resource use to benefit veterans.</b>							
<b>Strategic Target 15.</b> Assess and align the health care system to enhance cost-effective care for veterans.							
a.	(1) Identify the potential for maximizing space within each VHA VISN.	(a) Occupation of the new Emergency Room/Life Support areas.	\$0	Chief, Facilities Management Service	10/24/02	Completed 10/24/02	9 Pt Plan - 4 Scorecard - Efficiency

	(b) Relocation of the Respiratory Therapy functions.	\$0	Chief, Facilities Management Service	10/1/02	Completed 10/1/02	
	(c) Conversion of the 5 West clinical spaces into administrative space for the physicians to increase efficiency in the clinic areas.	\$25,000	Chief, Facilities Management Service	9/30/03	Project not on FY 03 due to budget limitations. <b>3/10/03.</b> To be prioritized with other projects for FY03. Target date changed <b>4/10/03.</b> Project being developed. <b>5/8/03.</b> No change.	
	(d) Relocation of the 4 Nursing Home Care Unit (NHCU) to the 3rd floor of the nursing home area once construction is complete and then renovate the 4th floor.	\$0	Chief, Facilities Management Service	10/9/02	Completed 10/9/02	
	(e) Move Hoptel and SARRTP to 5 East.	\$25,000	Chief, Facilities Management Service	4/30/03	On hold. <b>2/25/03</b> CARES data renders this plan impractical <b>3/10/03</b> Plan cancelled due to CARES.	
b.	(1) Identify and monitor the Network Director's goals for enhancing quality, efficiency, and cost effectiveness.	(a) Implement and monitor the Nine-Point Financial Plan.	Chief Financial Officer	Monthly	The nine point financial plan is part of our strategic plan and will be monitored thru the FY 2003 Strategic Plan <b>02/03</b> - Nine Point Financial Plan continues to be monitored through the FY 2003 Strategic Plan. <b>03/03</b> - No Change <b>5/6/03</b> - Revised Nine Point Financial Plan submitted to VISN.	9-Pt. Plan - 1 Scorecard - Efficiency
c.	(1) Expand present case management initiative to other patient populations to manage costs and provide a continuum of care on a financial platform.	(a) Determine methods on how to expand case management initiatives from SCI to other special patient populations utilizing existing resources.	Case Management Coordinator	12/1/02	Using DSS utilization data from FY 01 and the following criteria: (1) 3 or more admissions during the first 6 months (2) a diagnosis of either Congestive heart Failure, COPD or Atrial Fibrillation a cohort of 16 patients was identified. All primary providers were notified as well as each of the patients. The feedback has been positive to date. <b>2/28/03</b> Case Management initiative was enhanced with two (2) Case Managers assigned to the inpatient care team on 4 East. <b>3/12/03</b> Nothing new to report. <b>4/7/03</b> Case Mgmt / UM Program in the 3rd month of a 3 month trial update with recommendations to be delivered to management at the April Utilization Management meeting. <b>5/8/03</b> April UM meeting was canceled. Update will be completed this month.	9 Pt Plan - 2 Scorecard - Quality

d.	(1) Assess fuel and utility costs. Maximize energy conservation efforts and opportunities.	(a) Review contract to determine if any potential savings can be realized through implementing lighting initiatives to reduce costs.		Chief, Facilities Management Service	9/30/03	Fuel costs are continuously analyzed by GSA National Center for Utilities Management; survey will ID rooms to implement occupancy sensors. <b>2/25/03</b> No change <b>3/10/03</b> Target date changed to 9/30/03. <b>4/10/03</b> No change. <b>5/03.</b> ESPC contractor to schedule survey visit	9-Pt. Plan - 4 Scorecard - Efficiency
e.	(1) Continue to utilize of laboratory services at Philadelphia VAMC.	(a) Formulate a plan to address further utilization	Savings \$356,746	Chief Pathology	9/30/03	Ongoing. <b>Update 2/24/03</b> See Monthly Cost Containment Report. As of Feb 2002 40 different types of lab tests are being sent to Phila. Lab. W-B is sending the maximum volume of test to Hub whis is the highest volume in the VISN. <b>3/7/03:</b> Savings this fiscal year= \$172,506.16. <b>4/10/03 update:</b> Savings as of 3/31/03= \$215,229.95 <b>5/5/03 update:</b> 41 test are sent to Philadelphia VA as of April 2003	9-Pt. Plan - 2 Scorecard - Efficiency
f.	(1) Review Pharmacy expenditures and ensure they remain at 3% or less.	(a) Institute productivity standardization. Update Pharmacy action plan focused on projected savings. Reduce overtime by 1/3.	Savings \$112,000	Chief of Pharmacy	4/1/03	1. We did not get approval to implement productivity standards, but we will address issue with each RPh at mid term review. Reviews completed by Supervisors and employee discussions held as needed. 2. We will be implementing a new set of initiatives for FY-03 to help reduce pharmacy costs. FY-03 Initiatives are established based on VISN standards. W-B is working to meet ALL initiatives. Pharmacy cost is <b>695K</b> below quarterly plan. <b>2/21/03</b> 3. Productivity program obtained from Tennessee VAMC. Report is currently being tested by Chief of Pharmacy for accuracy. Once completed, data will be run weekly and discussion with staff as warranted <b>4/9/03</b> 4. Chief of Pharmacy gathering data. <b>5/15/03</b> Overtime has been reduced substantially (more than 1/3)	9-Pt. Plan - 4 Scorecard - Efficiency

g.	(1) Review current Laundry Expenditures.	(a) Perform market analysis research on local contract procurement of a WBVAMC transport truck.		Chief, Facilities Management Service.	3/31/03	Ongoing <b>2/25/03 Complete.</b> \$90,672 GSA Lease vehicle. \$35,659 for WG-8 driver. Also need to address back up driver.	9-Pt. Plan - 4 Scorecard - Efficiency
h.	(1) Review Control Radiology Supplies and Services.	(a) Perform a cost benefit analysis focused on the transition to filmless radiology. The review to include savings related to film purchases, file room functions and any other associated costs.	275,000 (Equipment)	Director/Associate Director Patient Support Svcs.	Completed	No cost savings FY-03; savings on film is offset by cost of equipment.	9-Pt. Plan - 4 Scorecard - Efficiency
i.	(1) Review surgical supplies and services.	(a) Review the utilization of surgical supplies and ensure appropriate utilization.		Director, Surgical Services and O.R. Nurse Manager	3/31/03	<b>2/25/03:</b> Items down to 30 day supply; applicable items on consignment, i.e. grafts etc. <b>COMPLETED.</b>	9-Pt. Plan - 4 Scorecard - Efficiency
j.	(1) Assess communication expenditures.	(a) Review the need to institute the PIN initiative for FTS access. The CFO to determine the facility's performance as compared to other VISN Medical Centers.		Supervisor, Information Security Service and Chief Financial Officer	3/31/03	<b>Update 2/23/03:</b> To date, no action taken <b>Update 3/10/03:</b> To date, no action taken <b>Update 4/10/03:</b> Reviewing current FTS costs to use as baseline comparison with other VISN Medical Centers. <b>Update 5/10/03:</b> No Change	9-Pt. Plan - 4 Scorecard - Efficiency
k.	(1) Review the maintenance contracts.	(a) Renegotiate across the board savings on all maintenance contracts.  Projected Savings: \$137,477.00		Chief, Acquisition & Material Management	3-31-03	Most contracts have been renegotiated. Working on final savings figures. New target date. <b>2/26/03</b> No change. <b>3/10/03.</b> No change <b>4/10/03.</b> No change. <b>5/8/03.</b> Contract done - total savings to be calculated.	9-Pt. Plan - 4 Scorecard - Efficiency
l.	(1) Renegotiate the Good Sam CBOC Contract	(a) Initiate a model of tiered pricing will be utilized.  Projected Savings: \$38,400.00		Chief, Acquisition & Material Management	3-31-03	Will renegotiate in conjunction with renewal. <b>2/26/03.</b> No change <b>3/10/03.</b> No change. <b>4/10/03.</b> New goal set for 6/30/03. <b>5/8/03.</b> Awaiting acceptance from vendor, due 6/30.	9-Pt. Plan - 4 Scorecard - Efficiency



<b>m.</b>	(1) Maintain planned FY/03 expenditures.	(a) Review the medical center leases with telecommunication companies totaling \$48,000 plus a cost avoidance of \$12,000.		Chief, Acquisition & Material Management	4/30/03	In process, meeting held with Engineering and a plan of action has been formulated. <b>2/26/03.</b> No change. <b>3/10/03.</b> No change. <b>4/10/03.</b> No change. <b>5/8/03.</b> Omnipoint being legally reviewed by VACO; others pending.	9-Pt. Plan - 4 Scorecard - Efficiency
<b>n.</b>	(1) Review options for MRI Services.	(a) Identify strategy to pursue projected Savings: \$25,080.00		Chief, Acquisition & Material Management	6-30-03	In process, upcoming meeting scheduled for end of January. <b>2/26/03.</b> Awaiting final input from stakeholders. <b>3/10/03.</b> Meeting to be held on 3/10/03. <b>4/10/03.</b> Currently developing the RFP document. <b>5/8/03.</b> Ongoing.	9-Pt. Plan -2 Scorecard - Quality
<b>o.</b>	(1) Provide transcription services	(a) Initiate RFP for Transcription for and issue contract.  Projected Savings: \$109,336.60		Chief, Business Office and Contract Specialist	3/1/03	<b>Update Feb 2003:</b> RFP reviewed and updated for initiation of contract procedures. <b>Complete</b>	9-Pt. Plan - 4 Scorecard - Efficiency

p.	(1) Continue to provide for allocated ADC nursing home requirements as first priority.	(a) - Convert LTC beds to transitional care beds , as appropriate. - Review VERA data to ensure maintenance and target gain of VERA complex patients.		Director Rehab & Geriatrics Business Office	12/1/02	<p>All nursing home beds have been converted to swing TCU beds. <b>COMPLETE</b></p> <p><b>Bus Ofc Update 2/25/03:</b> We plan to solicit other sites' processes for VERA strategies/implementation plan; evaluate vesting software/Clinical Reminders for non-vested patients; review VERA Handbook criteria needed, by service, to ensure compliance with VERA guidelines; educate service POC to become SME to monitor for compliance; pilot SOPC to review 25 purged patients with insurance/meet criteria to reschedule for PC appointment to generate revenue. PLEASE NOTE: Due to the loss of the Bus Ofc Program Analyst/VERA designee, VERA progress will be greatly impacted until such time that a replacement can be determined.</p> <p><b>Rehab/Geriatrics Update 2/26/03:</b> Rehab &amp; Geriatrics will be in alignment with Business Office.</p> <p><b>Bus Ofc Update 3/10/03:</b> RMC Request to be submitted the week of 3/10/03.</p> <p><b>Bus Ofc Update 4/10/03:</b> One FTEE approved by RMC to refill position. Plan is for HR to post and interviews/selection to be made ASAP.</p> <p><b>Bus Ofc Update 5/10/03:</b> VERA position posted-- interviews/selections to be made ASAP.</p> <p><b>Geriatrics &amp; Extended Care Update 5/9/03:</b> Plan is ongoing. Awaiting notification position has been filled in Business Office.</p>	9 Pt Plan -1 Scorecard - Access
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q.	(1) Meet Medical Care Cost Funding (MCCF) Collection goal:	(a) - Eliminate billing backlog - work with HTSI coding staff and VA billing staff continuously to continually improve processes/work flow.  - Continue to monitor performance of all areas involved in the revenue cycle from point of registration through collections.  - Enhance insurance identification and/or verification process to ensure maximum capture of billable cases (i.e., insurance capture clinic).  - Access staffing needs developed by KPMG for MCCF/OPS.  - Monitor and act on fallouts of the NDAIO report on a weekly basis to determine areas for improvement for 1st and 3rd party reimbursement activity.		Chief, Business Office		MCCF staff continues to work with HTSI coding staff and KPMG consultants to improve overall productivity and collections. Four additional FTEE hired in November 2002 as a result of KPMG recommendations. Additional staff working in billing and verification areas. KPMG will continue training for staff dealing with "front end loading" requirements in January 2003. VISN 4 Key Financial Indicator Report reviewed weekly, discussed with top management, and highlighted in a weekly conference call with VISN Director. Action plan updated weekly to ensure efficiencies in this area. Projected 1.5 + M short of goal. <b>Update 2/25/03:</b> No change. <b>Update 3/10/03:</b> No change <b>Update 4/10/03:</b> No change <b>Update 5/10/03:</b> No change	9-Pt. Plan -7 Scorecard - Efficiency
r.	(1) Review coding/billing contract costs.	(a) Assess expenditures to determine the most cost-effective methodology to provide services.		Chief, Business Office	9/30/03	Contract costs with HTSI and KPMG reviewed with top management on a regular basis. Face to face meetings with representatives of these companies have occurred in the first quarter to examine productivity. <b>Complete</b>	9-Pt. Plan -7 Scorecard - Efficiency

s.	(1) Decrease claim days in Accounts Receivable:	(a) Gather data on payment trends through HTSI software merge.		Chief, Business Office	4/30/03	Weekly review of Accounts Receivable less than 90 days is conducted and discussed at VISN Director's conference call. A goal of 75% is targeted. We're currently at 60% and improvement is expected due to increase in experienced and trained staff. <b>Update 2/24/03:</b> We are currently at 64% and improving. <b>Update 3/10/03:</b> No change <b>Update 4/10/03:</b> No change <b>Update 5/10/03:</b> No change	9-Pt. Plan -7 Scorecard - Efficiency
t.	(1) Align food production Staffing levels to meet current needs	(a) Evaluate work processes to determine where changes or considerations could be made.		Food Production Unit Supervisors	1/31/03	Food Service functions reviewed and changes made/planned. <b>2-25-03</b> - No changes. <b>3-10-03</b> No changes. <b>4-10-03</b> No changes. <b>5-06-03</b> No changes	9-Pt. Plan -3 Scorecard - Efficiency
		(b) Review tray distribution and retrieval processes to support 450 meals per day.		Food Production Unit Supervisors	11/1/02	Staffing levels were adjusted to meet current needs. <b>2-25-03</b> - No changes. <b>3-10-03</b> No changes. <b>4-10-03</b> No changes. <b>5-06-03</b> No changes	
u.	(1) Fund Control Points	(a) Review all FCP's for the following areas to determine how to effect a 3% reduction:		Chief Financial Officer	11/1/02	An analysis is being conducted by Fiscal on 1st qtr obligations to determine how effective a 3% was. This will be ongoing and reported thru the Resource committee. Total expenditures were 24.9% of last years first quarter. <b>Update 02/03:</b> Comparison between January 02 and January 03 reflects that our rate of obligation in 2003 is below the same period in 2002 by .15%. <b>03/03</b> - Analysis being done for the end of March data. Will be updated next month. <b>04/03</b> - No change. <b>05/03</b> - No data available.	9-Pt. Plan -3, 4 & 5 Scorecard - Efficiency

<b>v.</b> (1) Evaluate all existing fee-basis providers to determine the most cost-effective mechanism.	(a) Review all Fee-basis arrangements.		Chief Financial Officer	Ongoing	In conjunction with HR and the Resource committee we are currently reviewing all Fee basis arrangement. Several have already been forwarded to the committee for review. Details to follow. <b>Update 02/03:</b> Ongoing and documented in Resource Management Committee minutes. <b>Updated 03/03</b> - No change <b>04/03</b> - No change. <b>05/03</b> - No data available.	9-Pt. Plan - 3 Scorecard - Efficiency
<b>w.</b> (1) Decrease laboratory utilization costs.	(a) Conduct on analysis of laboratory ordering practices to ensure laboratory lists are ordered in a cost effective manner.		Chief Pathology	09/30/03	<b>Update 2/24/03:</b> Utilization of Outpatient orders for Lactic Acid is being evaluated. <b>3/10/03:</b> Ongoing, nothing to report. <b>4/7/03</b> Ongoing; nothing to report. <b>5/5/03 update:</b> Will monitor duplicate test orders/Streamline POE	9 Pt Plan - 5 Scorecard - Efficiency
<b>x.</b> (1) Relocate services housed outlying buildings into Wilkes-Barre facility.	(a) Develop a plan to relocate staff from Fiscal, Human Resources, Acquisition & Material Management, Staff Development, and MCCF into main building.	(NRM) \$130,000	Chief, Facilities Management Service	04/30/03	Ongoing with CARES <b>2/25/03</b> 10th floor being painted; estimated move date 3/31/03 <b>3/10/03</b> Estimated move date changed to 4/30/03. <b>4/10/03.</b> No change. <b>5/8/03.</b> Moves to begin June 2003.	9 Pt Plan - 4 Scorecard - Efficiency
<b>y.</b> (1) Institute an admission office.	(a) Formulate a strategy to implement an admission office which streamlines and coordinates the admission and transfer of patients.		Chief, Business Office	03/01/03	A committee under the Chief Nurse has been created to look at the establishment of an Admissions Unit. Basically, the admin process is in place; however, the clinical process is being adapted for compliance of appropriate admissions. An email was also generated by the Chief of Staff today (January 8, 2003), for all clinical physicians to contact Utilization Review prior to any patient being admitted. <b>Update 2/25/03:</b> A committee under the Chief Nurse continues to look at the establishment of an Admissions Unit with the target date of 3/1/03. UM is conducting 100% reviews on all admissions. A 23 hour observations admission process is in draft. A shared file has been created for bed control purposes. <b>Update for 3/10/03:</b> No changes. <b>Update for 4/10/03:</b> No changes <b>Update for 5/10/03:</b> No changes	9 Pt Plan - 9 Scorecard - Access

<b>z.</b> (1) Review contract hospital costs.	(a) Reassign 1.0 FTEE to initiate a process to determine if patients can be transferred to the medical center more timely during non-administration hours.		Chief, Business Office	03/31/03	Organizational changes in supervision of Fee Section occurred in 1st Quarter, FY2003. Reassignment of FTEE being studied with target date of 3/31/03. Update 2/26/03: Senior HBA calls the facility where patient is; If patient is stable, arrangements are made to transfer the patient back to our facility. <b>Update as of 3/10/03:</b> No change <b>Update as of 4/10/03:</b> <b>COMPLETED</b>	9-Point Plan - 7 Scorecard - Efficiency
<b>aa.</b> (1) Assess 363 FEE Medical Expenditures.	(a) Reassign 1.0 FTEE to review the need for patients to be treated on a fee-basis level versus the medical center. Completed.		Chief, Business Office	03/31/03	Organizational changes in supervision of Fee Section occurred in 1st Quarter, FY2003. Reassignment of FTEE being studied with target date of 3/31/03. <b>Update 2/25/03:</b> These are being reviewed monthly by the Fee Basis Clerks. The alphabet has been broken down, with each clerk being assigned a block of the alphabet. <b>Update as of 3/10/03:</b> No change <b>Update 4/10/03:</b> <b>COMPLETED</b>	9-Point Plan - 7 Scorecard - Efficiency
<b>ab.</b> (1) Assess expenditures associated with 151 Beneficiary Travel.	(a) Reassign 1.0 FTEE to review the type of patients transported to and from the facility and methods to reduce cost.		Chief, Business Office	03/31/03	Organizational changes in supervision of Fee Section occurred in 1st Quarter, FY2003. Reassignment of FTEE being studied with target date of 3/31/03. Work not complete. <b>Update 2/25/03:</b> Transfer Clerks/Fee Basis Clerks review each ambulance bill that comes in for payment, and receive authorization from the medical record clinician; must have authorized transportation. <b>Update as of 3/10/03:</b> No change <b>Update 4/10/03:</b> <b>COMPLETED</b>	9-Point Plan - 7 Scorecard - Efficiency
<b>ac.</b> (1) Review fee-basis bills and contract care for compliance with Medicare rates	(a) Reassign 1.0 FTEE to review for compliance with Medicare rates as part of the Compliance Business Integrity Program.		Chief, Business Office	03/31/03	Review fee basis bills and contract care for compliance with Medicare Rates. Medicare Rates have been built into DHCP system, to ensure we are compliant. Each clerk is assigned a block of the alphabet. <b>Update as of 3/10/03:</b> No Change <b>Update as of 4/10/03:</b> <b>COMPLETED</b>	9-Point Plan - 7 Scorecard - Efficiency

<b>Strategic Target 16.</b> Increase revenue and efficiency through private sector partnerships, technology, and improved business practices.							
a.	(1) Increase the dollars derived from alternate revenue generated from health care cost recoveries.	(a) - Assign 1.0 FTEE to educate management Team on investment potential. (ROI) .  - Increase dollars derived from VERA. Assign 1.0 FTEE to analyze, investigate, and explore VERA data received by NDAIO and provide revenue potential regarding basic care to complex care and non-vested care to vested care.		Chief, Business Office	6/30/03	One FTEE assigned on a collateral basis to review potential for increased VERA funding. Action plan developed and will be reported to the ALC. <b>Update 2/26/03:</b> The One FTEE assigned to follow VERA has accepted another position. Position is currently vacant. Until this position is filled, there will be delays in productivity. <b>Update 3/10/03:</b> RMC Request to be submitted the week of 3/10/03. <b>Update 4/10/03:</b> One FTEE approved by RMC to refill position. Plan is for HR to post and interviews/selection to be made ASAP. <b>Update 5/10/03:</b> Position has been posted. Interviews/selections will be made ASAP.	9-Pt. Plan - 7. Scorecard - Efficiency
b.	(1) Increase Revenue	(a) Explore income potential Bldg 2, 3, 5, and 8.		Director, Facility Management Svcs.	4/30/03	<b>3/10/03.</b> Target date 4/30/03 <b>4/23/03.</b> Target date 4/30/03. <b>5/8/03.</b> Ongoing	9-Pt. Plan -7 Scorecard - Efficiency
c.	(1) Communication Device for senior management.	(a) Purchase Blackberry/PDA's.	\$17,850	Information Management Svcs.	1/2/03	Blackberry devices purchased for Quadrad Cost: \$4330. <b>Update 2/23/03:</b> Blackberries issued. <b>Complete</b>	
<b>Key Business Driver/Strategic Objective 6: Build healthy communities.</b>							
<b>Strategic Target 17.</b> Be an industry leader in developing innovative approaches to the design and evaluation of health care delivery systems.							
a.	(1) Pursue recognition as a leader in providing health care.	(a) Prepare for and submit an application for VHA's Carey Award.		Staff Assistant to the Director	3/1/03	Preparation to submit the Carey Award is in process. We expect to submit the plan by the due date of 3/7/03. <b>2/03</b> - Our application is in process and will be submitted by March 7, 2003. <b>3/03</b> - Our FY03 Carey Organizational Excellence Award is now completed and has been forwarded to Central Office for consideration. <b>4/03 - Completed.</b> Feedback report has been received.	9-Pt. Plan -9 Scorecard - Customer Satisfaction Quality

<b>Strategic Target 18.</b> Expand federal, state, local, and private partnerships to foster improvements in the coordination and delivery of health care and other services.							
a.	(1) Increase the number and dollar volume of sharing agreements over previous year (baseline = FY 2001).	(a) Perform a baseline analysis to ensure proper payment based on contract guidelines, monitored through the use of Insurance Payment Trend Reports.		Business Office/ Facilities Mgmt Svcs	3/30/03	In process of reviewing need for FEDS Health support with POCs to determine their need and our capacity to provide <b>Update 2/25/03:</b> Continue to review payments received to ensure correct amount <b>Update 3/10/03:</b> No change <b>4/23/03. (18)</b> No requests have been received for additional sharing agreements. <b>4/23/03: (16)</b> No change <b>5/10/03: (16)</b> No change <b>5/8/03: (18)</b> No change.	9-Pt. Plan - 4 Scorecard - Efficiency
		(b) Non-DOD Agreements (FY 00=4; FY 02=5) DOD Agreements (FY 00=5; FY 02 =7)		Chief, Facilities Management Service	6/30/03	We do not drive this <b>4/10/03.</b> Negotiation with Corps of Engineers for interagency agreement for Project Management. <b>5/8/03:</b> No change.	
<b>Strategic Target 19.</b> Develop new, state-of-the-art training programs to best educate the health care professionals of the future.							
a.	(1) Increase medical residents' and other trainees' scores on VHA survey assessing their clinical training experience.	(a) Evaluate the program with the program supervisor at six and twelve month intervals. Sampling of residents surveying their satisfaction with clinical training will be conducted.		Chief Primary Care & Medical Services	3/31/03	Needs work <b>2/26/03</b> Nothing new to report. <b>3/10/03</b> Nothing new to report. <b>4/9/03</b> Our score is 74 to 80. We continue to implement suggestions made by residents, ie, Industry Text Book, CD Rom, clean room. <b>5/6/03</b> Completed	9 Pt Plan - 5 Scorecard - Performance
<b>Strategic Target 20.</b> Optimize VA's capability to provide medical assistance in responses to disasters and national emergencies.							
a	(1) Optimize the Medical Center's capability to provide medical assistance in responses to disasters and national emergencies.	(a) Participate in the development and implementation of Luzerne County's Emergency Disaster Plan and the county-wide drill.		Chief, Police Service	6/1/2003	Medical Centers will participate in 2003 County Disaster Drill. Became member of Disaster Task Force with EMA. <b>2/26/03</b> - No action to report. <b>3/10/03</b> - No action to report. <b>4/11/03</b> - No action to report. <b>5/16/03</b> - No action to report.	Scorecard - Performance



## VAMC WILKES-BARRE BALANCED SCORECARD

					Fiscal Year 2003			
	FY01	FY 02	Fy-03 Target-Fully Successful	FY-03 Target - Exceptional	FY03 Qtr 1	FY03 Qtr 2	FY03 Qtr 3	FY03 Qtr 4
<b>1. PLACING QUALITY FIRST</b>								
<b>a. Prevention Index (PI)</b>								
<b>(1). Ambulatory Care</b>								
(a). Hepatitis C Screened for Risk Factors		100%	91%	95%	100%			
(b). Hepatitis C w/ Positive Risk Factors has Confirmatory Tests		62%	82%	87%	100%			
(c). Colorectal Cancer Screening		71%	70%	75%	63%			
<b>(2). Geriatrics and Extended Care MDS-QIR</b>								
<b>(3). Mental Health</b>								
(a). Hepatitis C Screened for Risk Factors		97%	91%	95%	100%			
(b). Hepatitis C w/ Positive Risk Factors has Confirmatory Tests		85%	82%	87%	100%			
<b>b. Clinical Practice Guidelines</b>								
<b>(1). Ischemic Heart Disease</b>								
(a). Aspirin at Most Recent Outpatient Visit	74%	91%	93%	95%	88%			
(b). Beta Blocker at Most Recent Outpatient Visit	81%	85%	84%	89%	100%			
(c). LDL-C < 120		82%	71%	74%	78%			
<b>(2). Diabetes Mellitus</b>								
(a). Retinal Exam	70%	73%	77%	82%	63%			
(b). HgbA1c < 9	81%	83%	81%	83%	89%			
(c). HgbA1c > 11 or not done	12%	7%	9%	8%	4%			
(d). BP < 140/90	46%	61%	71%	74%	78%			
(e). BP greater than or equal to 160/100	21%	14%	10%	8%	4%			
<b>(3). Major Depressive Disorder</b>								
(a). Screened for MDD	93%	95%	92%	97%	92%			
(b). F-U assessment or Referral for Patients w/ a Positive MDD Screen	63%	80%	70%	80%	*			
<b>(4). Hypertension</b>								
(a). HTN and BP < 140/90	46%	60%	66%	68%	79%			
(b). HTN and BP greater than or equal to 160/100	20%	12%	10%	8%	4%			
<b>(5). Congestive Heart Failure</b>								
(a). Patients Discharged with Primary Diagnosis of CHF Received Diet/Weight/Meds/Follow-Up instructions @ Discharge.	5%	69%	70%	85%	78%			
<b>(6). Tobacco Use</b>								
(a). Tobacco Counseling - Primary Care	62%	80%	75%	85%	71%			
(b). Tobacco Counseling - Mental Health		74%	75%	85%	67%			
(c). Tobacco Screening - Primary Care	97%	99%	96%	98%	100%			
(d). Tobacco Screening - Mental Health		98%	96%	98%	100%			
<b>2. EASY ACCESS TO CARE</b>								
<b>a. Clinic Waiting Times</b>								
(1). Audiology	13 days	All clinics = or < 30 days	2 days	< 41 Days	33			
(2). Cardiology	47 days	28.3 days		< 43 Days	38			
(3). Primary Care/Med	67 days	18.1 days		30 Days	36			
(4). Eye Care	92 days	38 days		< 64 Days	45			
(5). Orthopedics	32 days	14 days		< 44 Days	12			
(6). Urology	57 days	4 days		< 45 Days	34			
<b>b. Number of Vested Patients (Basic + Complex)</b>								
<b>3. ENHANCE, PRESERVE, &amp; RESTORE PATIENT FUNCTION</b>								
<b>Homeless</b> - Percent of veterans discharged from Domiciliary Care or Health Care for Homeless Veterans (HCHV) community-based contract residential care program to independent living or a secure institutional arrangement will increase.								
		80%	65%	78%	57%			
<b>4. EXCEED PATIENT EXPECTATIONS</b>								
<b>a. Veteran Satisfaction (SHEP) - Ambulatory Care</b>								
			70%	72%	2nd qtr			
<b>b. Veteran Satisfaction (SHEP) - Inpatient</b>								
			68%	70%	2nd qtr			
<b>c. Employer of Choice</b> - Results of employee satisfaction survey evaluated for OFI's and facility action plan developed by 3/1/2002.								
	Qualifying Measure: Yes or No		Achieve	Milestone	2nd qtr			
<b>d. C&amp;P Average Processing Time</b>								
	39 days	29 days	35	26	31			
<b>e. Sufficient C&amp;P Exams</b>								
	100%	100%		100%	99%			
<b>5. MAXIMIZE RESOURCES</b>								
<b>a. % Obligations to Current Budget (based on yearly obligation)</b>								
		102.5%	100% + 0.9%	<100%	100%			
<b>b. % MCCF Goal (based on yearly estimated collections to date)</b>								
		133%	>98%	>100%	82.9%			
<b>6. BUILD HEALTHY COMMUNITIES</b>								
Increase medical residents' and other trainees' scores on a VHA survey assessing their clinical training experience.								
	74%	80%	70%	N/A	4TH qtr			

Red = Not Met Black = Fully Successful Green = Exceptional

\* Sample size too small (under 30)

# Included with Ischemia Heart Disease for FY-03

## **Human Resources**

### **Human Resources Planning:**

The Wilkes-Barre VA Medical Center will continue to maintain and, where appropriate, expand services to an increasing base of unique patients during the period covered by this plan. At the same time, budget realities and constituent expectations will require a continued emphasis on efficiency, and the assurance of high quality care and service. The overall size of the Medical Center workforce will depend on supportable FTEE and the majority of recruitment will be on direct patient care activities. At the same time, retirement projections suggest significant losses in critical occupations, and may require the implementation of targeted recruitment and development strategies. Finally, retention strategies must be developed to promote high levels of staff satisfaction in the face of heavy workload and insufficient resources.

A Staffing Review Team was assigned to assess staffing levels across the Medical Center. Staffing benchmark standards were used for comparative analysis as available. When unavailable, dashboard VA facilities that were similar to the Medical Center were used for comparative data. The outcome of the review permits the facility to begin adjusting staffing to appropriate levels to positively impact staff satisfaction.

Action may be required during the planning period to address the human resource implications of the above scenario. In particular, the Medical Center will focus aggressive efforts in the following areas:

- (1) Succession Planning:** The Medical Center will face significant losses of talent over the rating period. Such losses are likely to occur across a wide variety of occupational categories. In response to this challenge, the Human Resources Committee will focus recruitment strategies towards these occupations. Service line managers should consider establishing career development programs in the following areas: Finance Specialist/Manager; Human Resource Specialist/Manager; Engineering/Facilities Professional/ Manager; Nurse Manager/Executive; Computer Specialist/Manager; and Purchasing/Contracting Specialist/Manager (Attachment 1).
- (2) Workforce Development:** As indicated above, our Human Resources Committee will monitor efforts to effectively address a broad range of workforce development issues. This will include the review and recommendation of recruitment for specific positions. Recruitment, development, and retention strategies will be developed and coordinated to ensure the Medical Center is successful in maintaining a highly skilled and productive workforce dedicated to meeting the needs of veterans effectively and efficiently. A competency evaluation system utilizing a software-based product will be implemented upon purchase by the VISN. This performance improvement tool will assist managers/supervisors in assessing and developing a proficient and competent workforce by identifying weaknesses enabling the Medical Center to focus educational activities in those areas.
- (3) Employee Satisfaction and Productivity:** Results from the recent One-VA Survey have not yet been made available. When these results are received, they will be analyzed to determine opportunities for improvement, and appropriate action plans will be developed.

In addition to the above, the Medical Center has been working with the Gallup organization for the past two years in applying the Gallup 0-12 Survey Tool. This survey tool measures the level of staff engagement (i.e., the degree to which staff is dedicated and productive) at the work unit, service, and Medical Center levels. Two surveys have thus far been conducted, with measurable increase in staff engagement noted. Following the second survey, an agreement was negotiated

with Gallup to provide additional follow-up support in an effort to significantly improve results of future surveys. This support will include: Gallup Great Manager Training for a large group of Medical Center managers and supervisors; focus groups with a wide range of managers and supervisors conducted by Gallup representatives; training from Gallup trainers for managers and supervisors on interpreting and acting on survey results; and outcomes modeling by Gallup with the 0-12, Dashboard, and Medical Center HR monitors. The project will end with a third administration of the 0-12 Survey.

- (4) Leadership and Supervisory Development:** To a large extent, the success of the Medical Center in achieving its strategic goals will depend upon the quality of leadership and supervision within the Medical Center. Effective actions have begun to ensure the development of essential leadership skills and competencies, and to ensure that all Medical Center managers and supervisors possess the knowledge and skills necessary to effectively lead their work units. Throughout the year, the Medical provides education in Supervisory Skill and Leadership Training in structured settings and continues to provide positive reinforcement of learning in order to strengthen and reward improved performance. In addition, the Medical Centers Human Resources and Staff Development professionals will continue to provide Supervisory Training that will be made available to all managers and supervisors within Medical Center and its Outpatient Clinics.
- (5) HPDM Implementation:** The Medical Center will continue to focus on the implementation of all components of the HPDM. A Medical Center HPDM Team consisting of HPDM Liaisons will continually monitor and assess the implementation of the Medical Center HPDM Plan and will review implementation plans to ensure aggressive actions are being taken. Successful implementation of all HPDM components will provide a strong foundation for support of the many critical Human Resource initiatives mentioned above.
- (6) Labor – Management Relations:** In order to achieve common goals and maintain a cooperative working relationship between Management and Labor, Human Resources strives to pre-decisionally involve the exclusive representative in the design, implementation, and maintenance of a “cutting edge” workplace.

Through pre-decisional involvement, shared responsibility, and a “win – win” outlook in problem solving; Human Resources is committed to working with Labor at all appropriate levels in order to maintain and improve a workplace designed to ensure quality service to our veteran patients, more effective and efficient administration of VA programs, and a quality work environment for our employees.

In addition to concentrating on the top 5 HR issues discussed above, the Medical Center will continue current efforts to maintain its reward and recognition system, and to assist in meeting Medical Center strategic goals and objectives. A Medical Center policy addresses reward and recognition activities and the need to ensure a consistent recognition and award programs throughout the Medical Center. The policy provides a set of clear guidelines and procedures to follow in administering the program. It addresses recognition of individuals and groups of employees for contributions in support of Medical Center goals and objectives. An Awards Committee monitors activities under this policy to identify trends or concerns that need to be reported to the Medical Center Director. In addition, the Human Resource Monitors contain information regarding reward and recognition activity that will be used by the Medical Center Director to assess this activity over time, and will allow for comparisons among services. Appropriate action can then be taken to address any perceived programs or inequities.

## **Human Resources - Staffing Plan**

Please refer to Human Resources Management Staffing Plan.

## Human Resources - Staffing Plan

Strategic Target 1. Systematically measure and communicate the outcomes and quality of care.

Staff Required	<u>Medical Center</u> Occupation Title	Total
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None

Strategic Target 2. Continuously improve the quality and safety of health care for veterans.

Operating Strategy c. (1) (a): Continue to strengthen the CARF initiative.

Staff Required	Occupation Title	Total
1.0	Fee Basis Psychiatrist	\$110,628

Operating Strategy e. (1) (a): Ensure the JCAHO requirement for Preventative Maintenance completion rate remains at times 100% target on an ongoing basis.

Staff Required	Occupation Title	Total
1.0	GS-11 Bio Med Tech	\$64,153
3.0	WG-11 Med Equip Rep	\$146,507

Strategic Target 3. Emphasize health promotion and disease prevention to improve the health of the veteran population.

Staff Required	Occupation Title	Total
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None

Strategic Target 4. Develop a performance-based system of incentives, awards, and recognition for achievement of VHA's 6 for 2007 mission and goals.

Staff Required	Occupation Title	Total
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None

Strategic Target 5. Implement programs for employee training and personal development to ensure continual improvement of the knowledge and skills required to serve the veteran.

Staff Required	Occupation Title	Total
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None

Strategic Target 6. Improve access, convenience, and timeliness of VA health care services.

Operating Strategy a. (1) (a): Increase the percentage of all non-emergent primary care appointments scheduled within 30 days of desired date.

Staff Required	Occupation Title	Total
2.0	Physicians	\$360,000

Operating Strategy f. (1) (a): Reduce the Echo/Stress Testing backlog.

Staff Required	Occupation Title	Total
1.0	Physician	\$180,000

Operating Strategy g. (1) (a): Investigate the feasibility of utilizing a fee basis strategy to address Sigmoidoscopy waiting times

Staff Required	Occupation Title	Total
1.0	Physician	Cost neutral once fee-bases arrangement is terminated.
1.0	GI Tech.	Cost neutral once fee-basis arrangement is terminated.

Operating Strategy m. (1) (d): Maintain existing panel size for full time Physician Primary Care Providers at a minimum of 1200 patient level with target of 2.5 visits for Primary Care. Maintain existing panel size for full time Extended Primary Care Providers at 900 patient level (Tobyhanna Clinic).

Staff Required	Occupation Title	Total
0.5	Program Support Clerk	\$12,000

Operating Strategy m. (1) (f): Maintain existing panel size for full time Physician Primary Care Providers at a minimum of 1200 patient level with target of 2.5 visits for Primary Care. Maintain existing panel size for full time Extended Primary Care Providers at 900 patient level (Allentown CBOC).

Staff Required	Occupation Title	Total
1.0	RN	\$69,000

Strategic Target 7. Optimize the use of health care information and technology for the benefit of the veteran.Operating Strategy a. (1) (b): Implement the electronic medical record and CAC to facilitate refresher training and provide support to clinicians at all locations.

Staff Required	Occupation Title	Total
1.0	Program Analyst	\$64,152

Strategic Target 8. Increase provider and veteran knowledge of the impact of military service on health.

Staff Required	Occupation Title	Total
None		

Strategic Target 9. Enhance outcomes for patients with special needs and special disabilities.

Staff Required	Occupation Title	Total
None		

Strategic Target 10. Coordinate acute, chronic, and rehabilitative care to improve patient functioning.

Staff Required	Occupation Title	Total
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None

Strategic Target 11. Ensure that patients understand and participate in decisions about their health care.

Staff Required	Occupation Title	Total
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None

Strategic Target 12. Create a health care environment characterized by courteous and coordinated patient-focused service.

Staff Required	Occupation Title	Total
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None

Strategic Target 13. Continually assess and improve patient's perceptions of their VA health care.

Staff Required	Occupation Title	Total
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None

Strategic Target 14. promote cooperation and collaboration throughout VA in order to provide "All-VA" seamless service to veteran.

Staff Required	Occupation Title	Total
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None

Strategic Target 15. Assess and align the health care system to enhance cost-effective care for veterans.

Staff Required	Occupation Title	Total
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None

Strategic Target 16. Increase revenue and efficiency through private sector partnerships, technology, and improved business practices.

Staff Required	Occupation Title	Total
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None

Strategic Target 17. Be an industry leader in developing innovative approaches to the design and evaluation of health care delivery.

Staff Required	Occupation Title	Total
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None

Strategic Target 18. Expand federal, state, local, and private partnerships to foster improvements in the coordination and delivery of health care and other services.

Staff Required	Occupation Title	Total
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None

Strategic Target 19. Develop new, state-of-the-art training programs to best educate the health care professionals of the future.

Staff Required	Occupation Title	Total
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None

Strategic Target 20. Optimize VA's capability to provide medical assistance in responses to disasters and national emergencies.

Staff Required	Occupation Title	Total
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None



## *Staff Development Plan*

Ongoing educational planning processes are linked to the VA's strategic initiatives and business plan, while simultaneously enhancing the employee's position specific competencies. Knowledge, skills, and abilities required for current and future positions related to the VA's mission are reviewed at both core and facility levels through semi-annual or annual competency assessments based on the High Performance Development Model. This data is aggregated annually and reviewed for educational planning. An annual Educational Needs Assessment is sent to all employees by the Office of Staff Development. A needs assessment is also conducted for all supervisors. Needs assessment outcome data is reviewed, analyzed, prioritized, and submitted to upper level management with a proposed education plan addressing these needs. Each educational activity participant is also afforded the opportunity to provide suggestions for future classes. Other factors that are considered in the educational planning process include Gallup Survey results, new employee educational needs assessment/follow-up needs assessment, mandatory initiatives, and ongoing feedback from employees.

As a result of this data, Staff Development educators plan and implement training, then evaluate outcomes according to their impact on the organization's short- and long-term goals. Recognizing the diversity of our workforce, both traditional and non-traditional methods of delivering education are used to educate employees. Education is delivered by the following methods: Satellite broadcasts, Internet/Intranet, classroom (didactic), interactive modalities, employee/guest presenters, computer assisted instruction (CAI), independent studies, Continuing Medical Education (CME), Continuing Nursing Education, learning maps, facilitation, and mentoring programs.

The Continuing Education Catalog of all course offerings is provided to employees. This catalog includes a description of the courses, target audience, course goals, and logistics. The catalog is a living document as courses are added, deleted, or modified on an ongoing basis. In addition, all employees have access to the Education and Training Calendar via the Wilkes-Barre VA Medical Center Intranet Home Page. The calendar provides a listing of educational activities for the upcoming six-month time frame, which enhances communication and facilitates pre-planning.

October-02	November-02	December-02
Ongoing:	Ongoing:	Ongoing:
Compliance Education	Compliance Education	Compliance Education
JCAHO Updates	JCAHO Updates	JCAHO Updates
V-Tel Programs	V-Tel Programs	V-Tel Programs
Internet Search	Internet Search	Internet Search
Pub-Med Searches	Pub-Med Searches	Pub-Med Searches
Micromedex	Micromedex	Micromedex
HR Links	HR Links	HR Links
7 Habits	7 Habits	7 Habits
7 Habit Pre-sessions	7 Habit Pre-sessions	7 Habit Pre-sessions
7 Habit Renewal	7 Habit Renewal	7 Habit Renewal
Basic Cardiac Life Support	Basic Cardiac Life Support	Basic Cardiac Life Support
Satellite Programs	Satellite Programs	Satellite Programs
Employee Education System Broadcasts	Employee Education System Broadcasts	Employee Education System Broadcasts
FISH Philosophy	FISH Philosophy	FISH Philosophy
Employee Development Seminars	Employee Development Seminars	Employee Development Seminars
New Employee Orientation	New Employee Orientation	New Employee Orientation
Nursing Focused Orientation	Nursing Focused Orientation	Nursing Focused Orientation
Bar Code Medication Administration	Bar Code Medication Administration	Bar Code Medication Administration
Annual Mandatory Review	Annual Mandatory Review	Annual Mandatory Review
Virtual Learning Center	Virtual Learning Center	Virtual Learning Center
VA Learning On-line	VA Learning On-line	VA Learning On-line
Compliance Learning Map	Compliance Learning Map	Compliance Learning Map
Supervisory Training	Supervisory Training	Supervisory Training
National Nursing Education Initiative	National Nursing Education Initiative	National Nursing Education Initiative
Mentoring	Mentoring	Mentoring
Individual Development Planning	Individual Development Planning	Individual Development Planning
Power of Humor	Preceptor Program	Preceptor Program
Employee Travel	Performance Based Interviewing	Performance Based Interviewing
Nursing Leadership Assessment	Nursing Leadership Assessment	Dealing with Negativity
Equipment Fair	Equipment Fair	Case Management
Clinical Reminders	Customer Service	Time Management
Pain Template	Basic Grammar & Writing Skills	Basic Grammar & Writing Skills
PC Basics	Professional-level Secretarial Skills	Professional-level Secretarial Skills
Baldrige Update	Telephone Courtesy	Telephone Courtesy
Domestic Preparedness	Domestic Preparedness	Domestic Preparedness
Advanced Cardiac Life Support	Outlook: Communication Aspects	Outlook: Communication Aspects
Patient Safety: Achieving Results	Outlook: Other Functions	Outlook: Other Functions
CPRS/GUI Training	Nursing Care of Invasive Lines	Workload Prioritization
	Stress Management	
	Anesthesia & Conscious Sedation	

January-03	February-03	March-03
Ongoing:	Ongoing:	Ongoing:
Compliance Education	Compliance Education	Compliance Education
JCAHO Updates	JCAHO Updates	JCAHO Updates
V-Tel Programs	V-Tel Programs	V-Tel Programs
Internet Search	Internet Search	Internet Search
Pub-Med Searches	Pub-Med Searches	Pub-Med Searches
Micromedex	Micromedex	Micromedex
HR Links	HR Links	HR Links
7 Habits	7 Habits	7 Habits
7 Habit Pre-sessions	7 Habit Pre-sessions	7 Habit Pre-sessions
7 Habit Renewal	7 Habit Renewal	7 Habit Renewal
Basic Cardiac Life Support	Basic Cardiac Life Support	Basic Cardiac Life Support
Satellite Programs	Satellite Programs	Satellite Programs
Employee Education System Broadcasts	Employee Education System Broadcasts	Employee Education System Broadcasts
FISH Philosophy	FISH Philosophy	FISH Philosophy
Employee Development Seminars	Employee Development Seminars	Employee Development Seminars
New Employee Orientation	New Employee Orientation	New Employee Orientation
Nursing Focused Orientation	Nursing Focused Orientation	Nursing Focused Orientation
Bar Code Medication Administration	Bar Code Medication Administration	Bar Code Medication Administration
Annual Mandatory Review	Annual Mandatory Review	Annual Mandatory Review
Virtual Learning Center	Virtual Learning Center	Virtual Learning Center
VA Learning On-line	VA Learning On-line	VA Learning On-line
Compliance Learning Map	Compliance Learning Map	Compliance Learning Map
Supervisory Training	Supervisory Training	Supervisory Training
National Nursing Education Initiative	National Nursing Education Initiative	National Nursing Education Initiative
Credit Card Usage	Nursing Physical Assessment	Nursing Physical Assessment
Computer Security	Medical Record Documentation	KAZ Typing Tutorial
Customer Service	Trust and Integrity	Bomb Threat Training
Baldrige Update	Computer Security	Computer Security
		Customer Service

April-03	May-03	June-03
Ongoing:	Ongoing:	Ongoing:
Compliance Education	Compliance Education	Compliance Education
JCAHO Updates	JCAHO Updates	JCAHO Updates
V-Tel Programs	V-Tel Programs	V-Tel Programs
Internet Search	Internet Search	Internet Search
Pub-Med Searches	Pub-Med Searches	Pub-Med Searches
Micromedex	Micromedex	Micromedex
HR Links	HR Links	HR Links
7 Habits	7 Habits	7 Habits
7 Habit Pre-sessions	7 Habit Pre-sessions	7 Habit Pre-sessions
7 Habit Renewal	7 Habit Renewal	7 Habit Renewal
Basic Cardiac Life Support	Basic Cardiac Life Support	Basic Cardiac Life Support
Satellite Programs	Satellite Programs	Satellite Programs
Employee Education System Broadcasts	Employee Education System Broadcasts	Employee Education System Broadcasts
FISH Philosophy	FISH Philosophy	FISH Philosophy
Employee Development Seminars	Employee Development Seminars	Employee Development Seminars
New Employee Orientation	New Employee Orientation	New Employee Orientation
Nursing Focused Orientation	Nursing Focused Orientation	Nursing Focused Orientation
Bar Code Medication Administration	Bar Code Medication Administration	Bar Code Medication Administration
Annual Mandatory Review	Annual Mandatory Review	Annual Mandatory Review
Virtual Learning Center	Virtual Learning Center	Virtual Learning Center
VA Learning On-line	VA Learning On-line	VA Learning On-line
Compliance Learning Map	Compliance Learning Map	Compliance Learning Map
Supervisory Training	Supervisory Training	Supervisory Training
National Nursing Education Initiative	National Nursing Education Initiative	National Nursing Education Initiative
Unit Timekeeping Review	Unit Timekeeping Review	Unit Timekeeping Review
KAZ Typing Tutorial	Medical Terminology	Outlook: Communication Aspects
Bomb Threat Training	Customer Service	Outlook: Other Functions
Cardiac Arrhythmias	Outlook: Communication Aspects	
EKG Interpretation	Outlook: Other Functions	
PC Basics		

July-03	August-03	September-03
Ongoing:	Ongoing:	Ongoing:
Compliance Education	Compliance Education	Compliance Education
JCAHO Updates	JCAHO Updates	JCAHO Updates
V-Tel Programs	V-Tel Programs	V-Tel Programs
Internet Search	Internet Search	Internet Search
Pub-Med Searches	Pub-Med Searches	Pub-Med Searches
Micromedex	Micromedex	Micromedex
HR Links	HR Links	HR Links
7 Habits	7 Habits	7 Habits
7 Habit Pre-sessions	7 Habit Pre-sessions	7 Habit Pre-sessions
7 Habit Renewal	7 Habit Renewal	7 Habit Renewal
Basic Cardiac Life Support	Basic Cardiac Life Support	Basic Cardiac Life Support
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FISH Philosophy	FISH Philosophy	FISH Philosophy
Employee Development Seminars	Employee Development Seminars	Employee Development Seminars
New Employee Orientation	New Employee Orientation	New Employee Orientation
Nursing Focused Orientation	Nursing Focused Orientation	Nursing Focused Orientation
Bar Code Medication Administration	Bar Code Medication Administration	Bar Code Medication Administration
Annual Mandatory Review	Annual Mandatory Review	Annual Mandatory Review
Virtual Learning Center	Virtual Learning Center	Virtual Learning Center
VA Learning On-line	VA Learning On-line	VA Learning On-line
Compliance Learning Map	Compliance Learning Map	Compliance Learning Map
Supervisory Training	Supervisory Training	Supervisory Training
National Nursing Education Initiative	National Nursing Education Initiative	National Nursing Education Initiative
Word	Word	Bomb Threat Training
Customer Service		Customer Service

# *Information Management Plan*

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The goal of Information Management is to serve our veterans by assuring the availability of accurate and timely information and the necessary resources to those responsible for conducting analyses and making recommendations which:

- ◆ Increase healthcare value
- ◆ Support an integrated healthcare system
- ◆ Promote excellence in customer service
- ◆ Enable the comparison of outcomes

Needs assessments have been conducted, resulting in the need to move towards the total Electronic Medical Record. Recognizing the requirement to streamline processes and provide tools that allow for the use of technology to attain and maintain the aforementioned goals, the plan's strategies include (1) continued support for a centralized Help Desk, (2) providing clinicians with the equipment necessary hardware and software and (3) to continue the development of the web site focusing on database driven forms to include on-line surveys, employee roster, etc., and to enhance communication, data distribution and clinical and administrative information sharing. As well as the incorporation of a content management system.

Information Technology Spending Plan for FY 2003								
	Contractor / Vendor	New Contract Yes / No	Work Description	Comments	Total Cumulative FTEE	Estimated FTEE Cost - W/O PAYRAISE	Must Fund Annual Cost	Might Fund Annual Cost
<b>Number of FTEE (cumulative)</b>				Includes ISO	23			
<b>Personal Services</b>						1,313,688.00		
<b>Training</b>							92,000.00	
<b>Travel</b>							46,000.00	
<b>Telecommunications</b>								
<b>Voice Telephony</b>								
	Penteledata	No	Internet				215.00	
	Verizon Wireless	No	Cellular Phones				32,000.00	
	BlackBox Network	No	Tele.Switch Maint.				108,000.00	
	Verizon	No	Comm.phone Ser.				245,000.00	
		No	MAC Orders	OPT Clinics			37,000.00	
	Sprint	No	FTS				200,000.00	
	Metrocall	No	LongRangePagers				8,400.00	
		No	Music on Hold				1,300.00	
<b>Data LAN / WAN</b>				Covered under FTS				
<b>Video Conferencing</b>								
				Covered under FTS				
<b>Hardware</b>								
<b>Maintenance</b>	Audio Care Sys	No	Audio Fax				7,000.00	
<b>Lease</b>								
<b>Purchase</b>	PCHS		HUBS				22,500.00	
	PCHS		Thin Clients				159,985.00	
	PCHS		P/C's				58,400.00	
	PCHS		Laptops				36,620.00	
	PCHS		Flat Panel Monitor				17,850.00	
	PCHS		Document Scanners				13,464.00	
	PCHS		Barcode Scanners				16,200.00	
	PCHS		Printers				31,500.00	

	Contractor / Vendor	New Contract Yes / No	Work Description	Comments	Total Cumulative FTEE	Estimated FTEE Cost - W/O PAYRAISE	Must Fund Annual Cost	Might Fund Annual Cost
	PCHS		Duplex Paper Drawer				9,420.00	
	PCHS		Server				8,000.00	
	PCHS		Network Attached Storage				12,500.00	
	PCHS		LTO Drive Auto Loader				12,000.00	
	PCHS		GBIC (Gigabit Switch)				21,700.00	
	PCHS		Blackberries				15,000.00	
	PCHS		Video Conferencing Equip				31,000.00	31,000.00
<b>Software</b>								
<b>Maintenance / License</b>	Comteq	No	Veritas-100 Seat				5,000.00	
	Hilgrave	No	HTPE-200 Seat				4,500.00	
	Dictaphone	No					9,500.00	
	Elron	No					3,000.00	
<b>Purchase</b>	RAI/MDS	Yes					2,520.00	
	Citrix Xpe	Yes					80,584.00	
<b>Miscellaneous Supplies &amp; Services (report total only)</b>								
<b>Service Contracts</b>								
<b>Potential Projects</b>								
	Radio Page Upgrade	Yes					135,000.00	
<b>Grand Total Annual Costs</b>							<b>1,432,558.00</b>	<b>31,000.00</b>



Information Technology Spending Plan for FY 2003			
Description	Quantity	Total Cost	Comments
Thin Clients	245	\$159,985.00	Replacement of 3/4 of currently deployed thin clients. 24 bit TCs required for Vista Imaging display. <b>Note:</b> current thin clients will be redeployed to areas that do not require Imaging.
Citrix Xpe Licenses	7	\$80,584.00	Required for thin clients supporting Vista Imaging.
BCMA Laptops	20	\$36,620.00	Total replacement of aging BCMA laptops
Document Scanners	18	\$13,464.00	Required for document scanning (Vista Imaging)
Lexmark Printers	30	\$31,500.00	Phased in (2 year) replacement of LAT printers with network compatible printers.
Duplex paper Drawers	30	\$9,420.00	To allow duplex printing on new printes
PC	50	\$58,400.00	Replacement of aging PCs in areas that a thin client is not appropriate.
Blackberry Devices	15	\$17,850.00	Communication devices for senior management
Flat Panel Monitors	50	\$8,000.00	w/ 50 PCs
Application Server	1	\$8,000.00	Required for thin clients . Centralized application storage.
Network Attached Storage	1	\$12,500.00	Expansion area for centralized "Z" drives
LTO Drive Auto Loader	1	\$12,000.00	For server backups
48 Port Hub	5	\$14,500.00	Phased in (2 year) replacement of Hughes Whittaker hubs (6 years old)
24 Port Hub	5	\$8,000.00	Phased in (2 year) replacement of Hughes Whittaker hubs (6 years old)
GBIC	62	\$21,700.00	To allow for connectivity at gigabit level
Barcode Scanners	27	\$16,200.00	Total replacement of aging BCMA scanner guns
Video Conference Equipment	3	\$31,000.00	For Allentown, Sayre, Williamsport
		<b>\$539,723.00</b>	

## **Equipment Management**

Please refer to NRM Program - Five Year Plan and High Tech - High Costs Spreadsheets.

	<b>WILKES-BARRE VAMC (693)</b>	NRM Program	
	<b>PROJECT TITLE</b>	<b>PROJECT #</b>	<b>NOTES</b>
<b>2003</b>	UPGRADE NHCU INTERIOR FIN PH 4	693-02-101	(4th floor, 1st floor)
	NHCU ROOF REPLACEMENT		
	REDUNDANT WATER SUPPLY	693-02-108	
	NORTH WING HVAC PH 2	693-02-104	(Includes asb abate)
	STEAM & COND REPLACE PH 2	693-99-102	(PRVs)
	KEYLESS ENTRY SYSTEM	693-02-111	(Only prim/sec exits)
	PHARMACY WAITING/RESTROOM		(Finishes)
	FIREALARM SYSTEM UPGRADE		
	EMER ELEC SYSTEMS STUDY	693-01-115	
	RENOVATE 7 EAST	693-02-106	
	TENTH FLOOR INTERIOR FINISHES	693-02-106	
	MISCELLANEOUS HVAC UPGRADES		(Radlgy, engr, forms
	SOUTH CANOPIES REPAIR		rm, window units)
	THIRD FLOOR FINISHES UPGRADE		
	RESURFACE ROADWAYS		
	TOTALS		
	<b>WILKES-BARRE VAMC (693)</b>		
	<b>PROJECT TITLE</b>	<b>PROJECT #</b>	<b>NOTES</b>
<b>2004</b>	EXTERIOR LIGHTING UPGRADE		
	NORTH WING HVAC PH 2	693-02-104	(Parking lots, entrances)
	REDUNDANT WATER SUPPLY		(Lighting for cameras)
	ROOF REPLACEMENT PH 4		
	SIDEWALK REPAIR		
	SOUTH CANOPIES CONCRETE REPAIR		
	TUCKPOINTING PH 2		
	VIDEO SURVEILLANCE SYSTEM		
	EMER ELEC SYS UPGRADE PH 1		
	DECONTAMINATION SYSTEM		
	NORTH WING HVAC PH 3		
	PLUMBING LINE REPLACE PH 3		
	UPGRADE ELEVATORS PH 2		

	<b>WILKES-BARRE VAMC (693)</b>	NRM Program	<b>9/2/2002</b>	
	<b>PROJECT TITLE</b>	<b>PROJECT #</b>	<b>NOTES</b>	
<b>2005</b>	ASBESTOS ABATEMENT PH 1			
	DECONTAMINATION SYSTEM			
	EMER ELEC SYS UPGRADE PH 2			
	NORTH WING HVAC PH 3			
	OUTBUILDINGS SOFFIT PANNING			
	PLUMBING LINE REPLACE PH 3			
	REFURBISH STREET LIGHTS			
	EMER ELEC SYS UPGRADE PH 2			
	CONTROL AIR UPGRADE			
	PLUMBING LINE REPLACE PH 4			
	STEAM & CONDENSATE REPL PH 3			
	TUCKPOINTING PH 3			
	<b>WILKES-BARRE VAMC (693)</b>		<b>9/2/2002</b>	
	<b>PROJECT TITLE</b>	<b>PROJECT #</b>	<b>NOTES</b>	
<b>2006</b>	ASBESTOS ABATEMENT PH 2			
	CONTROL AIR UPGRADE			
	PLUMBING LINE REPLACE PH 4			
	ROOF REPLACEMENT PH 5			
	ROOF REPLACEMENT PH 6			
	STEAM & CONDENSATE REPL PH 3			
	STEAM & CONDENSATE REPL PH 4			
	STEPS TO PARKING LOT S			
	TUCKPOINTING PH 3			
	UPGRADE ELEVATORS PH 2			
	BUILDING 1 HVAC STUDY		(Engr study & Ph 1 design)	
	STEAM & CONDENSATE REPL PH 4			
	<b>WILKES-BARRE VAMC (693)</b>		<b>9/2/2002</b>	
	<b>PROJECT TITLE</b>	<b>PROJECT #</b>	<b>NOTES</b>	
<b>2007</b>	ASBESTOS ABATEMENT PH 3			
	BUILDING 1 HVAC PH 1			
	CORRIDOR RENOVATIONS			
	ENLARGE POLE BARN			
	EXTERIOR SHAFT REFURB			
	OUTBUILDINGS WINDOW REPLACE			
	REPLACE EXTERIOR WATER LINE			
	RETREAD STEARWELLS			
	STEAM & CONDENSE REPLACE PH 4			
	DENTAL CLINIC UPGRADE			

Station #:	High Tech - High Cost Equipment																												
Equipment Description	Proposed FY of Purchase						VISN4/VHA Strategy Met by Equipment																						
	FY02	FY03	FY04	FY05	FY05	FY07	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20			
CR 800 Computerized Radiology Unit	X						X	X	X																				
Siemens Orbitor Camera - Nuclear Medicine		X					X																						
Siemens MS 2 Imaging Camera			X				X																						
Script Pro SP 200 with SP Central - Pharmacy Robot				X						X																			
	Please place an "X" in the appropriate coiumn(s)																												

EQUIPMENT SCORING STANDINGS						
Item Description	Quantity			Svc/Core		Total Score
Tablet Counter	3 ea			Pharm AOPC		50
Arjo Bedpan Washer NHCU	2 ea			Rehab		48
Zoll AED	7 ea			Medical		46
Heat Probe Olympus HPU-20	1 ea			Medical		46
Vid Gastroscope GIF-160	2 ea			Medical		45
Ultrasonic Scaler/Air Polisher	2 ea			Dental		43
Pyxis Medstations 2000	1 ea			Pharmacy		43
Scrubbing Machine	3 ea			FMSS		43
Software Bone Mineral CT Scan	1 ea			Nuclear		41
Hypothermia Units	2 ea			SPD		40
Floor Scrubber	1 ea			Kitchen		38
Porta-Tile Saw	1 ea			FMSS		38
Cordless Driver Handpiece	1 ea			Surgical		36
Baxter Anesth & CC Pumps	2 ea			Surgical		36

EQUIPMENT SCORING STANDINGS						
Item Description	Quantity			Svc/Core		Total Score
Perimeter Goldman AOPC	1 ea			AOPC		35
SonoSiter 180+ Ultrasound	1 ea			Medical		35
Vid Pediatric Colonoscope	1 ea			Medical		34
Transtar Stretcher	3 ea			Surgical		34
Sigmoidoscope Video	4 ea			Medical		34
Refrigerator GE Hotpoint	1 ea			Dental		33
Coagulation Mach APC 300	1 ea			Medical		32
Cavitron Select/Ultrasonic Scaler	1 ea			Dental		32
Software Clinical Workstation	1 ea			Nuclear		31
New Rhythmm Sim TV Interface	1 ea			Medical		30
Rhythm Sim Patient Simulator	1 ea			Medical		30
Typewriter Prog. Stg Lexmark 3000	1 ea			PSS		30

EQUIPMENT SCORING STANDINGS						
Item Description	Quantity			Svc/Core		Total Score
Vid Colonoscope CF-Q160L	1 ea			Medical		28
Airway Mgmt Trainer	3 ea			Medical		28
Electrosurgical Unit ICC200E	1 ea			Medical		27
PCA Pumps Plus	2 ea			Surgical		27
Buffer Whirlamatic	3 ea			FMSS		26
Suction Machine	3 ea			Medical		25
Alochol Breath Tester	1 ea			Wd 10		24
18 GB HardDrive Upgrade	1 ea			Medical		23
Shoulder Vacuum	1 ea			Kitchen		23
Wet/Dry Vac Head Only	2 ea			FMSS		21
Refrigerator Mech. HH	1 ea			CEO		15
Elvating Grossing Station	1 ea			Lab		14



## **Financial Management**

Please refer to Financial Overview and Staffing History and Plan Spreadsheets.

## FY 2003 FINANCIAL OVERVIEW

## VAMC WILKES-BARRE

(Dollars in Thousands)

Do not make entries in cells colored Light Yellow or Gray.

PROJECTED  
FY 02FY 03 AT FEB  
VERAFY 03 AT  
HIGHER VERA

## Section I - REVENUES

<b>A. General Purpose VERA Funds (Excludes Equipment and NRM)</b>			
1. Allocation Provided	\$ 98,916	\$ 100,598	\$ 101,363
2. Conversions to 001 from Capital and 007 Travel	\$ 1,207	\$ -	\$ -
<b>Subtotal (A)</b>	<b>\$ 100,123</b>	<b>\$ 100,598</b>	<b>\$ 101,363</b>
<b>B. Estimated Alternative Revenues:</b>			
1. Anticipated No-Year Appropriation Carryover from Previous FY	\$ 743	\$ -	\$ -
2. Two-Year Medical Care Carryover	\$ -	\$ -	\$ -
3. Total Anticipated MCCF Collections	\$ 5,281	\$ 6,217	\$ 6,217
4. Total Anticipated HSIF Collections	\$ 2,042	\$ 3,783	\$ 3,783
5. Anticipated DoD, CHAMPUS, and CHAMPVA reimbursements	\$ 35	\$ 35	\$ 35
6. All other anticipated reimbursements and revenues (Federal and Non-Federal sharing, quarters, recycling, etc.)	\$ 98	\$ 100	\$ 100
<b>Subtotal (B)</b>	<b>\$ 8,199</b>	<b>\$ 10,135</b>	<b>\$ 10,135</b>
<b>C. Total Available Revenues (Sum of A-B)</b>	<b>\$ 108,322</b>	<b>\$ 110,733</b>	<b>\$ 111,498</b>

## Section II - EXPENSES

<b>A. Total Estimated FY 2002 Operational Expenditure Level</b>	<b>\$ 108,322</b>	<b>\$ 108,322</b>	<b>\$ 108,322</b>
<b>B. Changes in Operational Expenditures associated with specific NINE POINT FINANCIAL PLAN categories:</b>			
<b>1. MAINTAIN SERVICES:</b>			
a. General Inflation and payroll cost increase (assumed to be 3.6%)		\$ 3,900	\$ 3,900
b. New or additional expenditures required to maintain services. Only include amounts associated with <b>costs over inflation</b> that are not in the preceding paragraph 1(a) .			
1. (CMOPs & Drugs/Pharmaceuticals)		\$ -	\$ -
2. Special Pay Increases:		\$ -	\$ -
3. Utilities:		\$ -	\$ -
4. Hepatitis C Increase		\$ -	\$ -
5. Other: Transportation cost for Utilization of Lab at PVAMC		\$ 144	\$ 144
6. Other: (Specify)		\$ -	\$ -
New or Additional Costs (Subtotal)		<b>\$ 144</b>	<b>\$ 144</b>
c. Clinical/Non-Clinical Savings & Efficiency/Productivity improvements (Real savings, not cost avoidance) ( <b>Enter as negative numbers</b> )			
1. Pharmacy Best Practices: Reduce Pharmacy Costs (overtime costs)		\$ (112)	\$ (112)
2. Utilization Management (i.e., InterQual standards)		\$ -	\$ -
3. Utilities Conservation		\$ -	\$ -
4. Reduce Administrative Overhead (Indirect Costs)		\$ -	\$ -
a. Inventory Reduction		\$ -	\$ -
b. Other (Specify)		\$ -	\$ -
5. General FTE Reductions (Specify implementation strategy)		\$ -	\$ -
6. Other: Reduction in Ftee EOFY Cum to 10/1/02 actual		\$ (894)	\$ (704)
Utilization of Lab services @ Philadelphia Vamc		\$ (497)	\$ (497)
Review and renegotiate maintenance contracts		\$ (137)	\$ (137)
Review all leases at CBOC's for projected savings		\$ (48)	\$ (48)
Review the Geisinger MRI contract		\$ (25)	\$ (25)
Renegotiate HTSI contract (Coding)		\$ (40)	\$ (40)
Renegotiate Berwick Alley CBOC contract		\$ (60)	\$ (60)
Eliminate Orthopedic contract at Geisinger		\$ (35)	\$ (35)
Renegotiate Good Sam CBOC contract		\$ (38)	\$ (38)
Return Nhcui MD to MOD responsibilities		\$ (85)	\$ (85)
Hire .5 Radiologist and reduce cost of contract		\$ (110)	\$ (110)
Hire .5 Ftee ENT MD (in lieu of fee basis)		\$ (30)	\$ (30)
Hire .5 Urologist (in lieu of fee basis)		\$ (30)	\$ (30)
Hire .5 Ftee Speech Path (in lieu of Fee Basis)		\$ (32)	\$ (32)
Across the board 3% reduction in Control points		\$ (500)	\$ (500)
Savings (Subtotal)		<b>\$ (2,673)</b>	<b>\$ (2,483)</b>
<b>2. EXPAND SERVICES:</b>			
a. Estimated <b>Marginal</b> Cost of patient Workload Increase ( <b>assume Full, Open Enrollment</b> ) above general Inflation		\$ -	\$ -
b. Millennium Bill (VA-NHC 1998 level)		\$ -	\$ -
c. Expansion of Other Existing Services: (specify)		\$ -	\$ -
d. Addition of new services/programs		\$ -	\$ -
e. Long-Term Care - Non-Institutional (Alternatives)		\$ -	\$ -
f. Patient Safety Initiatives		\$ -	\$ -
g. Patient Care Enhancements		\$ -	\$ -
h. Special Disabilities Programs		\$ -	\$ -

FY 2003 FINANCIAL OVERVIEW	VAMC WILKES-BARRE		
	(Dollars in Thousands)		
Do not make entries in cells colored Light Yellow or Gray.	PROJECTED FY 02	FY 03 AT FEB VERA	FY 03 AT HIGHER VERA
I Other: Target #6 Increase Tobyhanna from 2 to 3 days per week		\$ -	\$ 17
Target # 6 Increase capacity at Berwick			\$ 84
Target # 6 Increase capacity at AOPC			\$ 69
Expand Services (Subtotal):		\$ -	\$ 170
<b>3. Paradigm Shifts</b>			
a. (Specify)		\$ -	\$ -
b. (Specify)		\$ -	\$ -
c. (Specify)		\$ -	\$ -
Paradigm Shifts (Subtotal)		\$ -	\$ -
<b>4. Reduce Administrative Overhead</b>			
a. (Specify)		\$ -	\$ -
b. (Specify)		\$ -	\$ -
c. (Specify)		\$ -	\$ -
Reduce Admin. Overhead (Subtotal)		\$ -	\$ -
<b>5. Clinical Efficiency</b>			
a. (Specify)		\$ -	\$ -
b. (Specify)		\$ -	\$ -
c. (Specify)		\$ -	\$ -
Clinical Efficiency (Subtotal)		\$ -	\$ -
<b>6. Hiring Priorities</b>			
a. Target # 2 Ensure JCAHO requirements for PM maintenance are met		\$ -	\$ 280
b. (Specify)		\$ -	\$ -
c. (Specify)		\$ -	\$ -
Hiring Priorities (Subtotal)		\$ -	\$ 280
<b>7. MCCF Initiatives</b>			
a. (Specify)		\$ -	\$ -
b. (Specify)		\$ -	\$ -
c. (Specify)		\$ -	\$ -
MCCF Initiatives (Subtotal)		\$ -	\$ -
<b>8. Enrollment</b>			
a. (Specify)		\$ -	\$ -
b. (Specify)		\$ -	\$ -
c. (Specify)		\$ -	\$ -
Enrollment (Subtotal)		\$ -	\$ -
<b>9. REDUCE WAITS and DELAYS</b>			
a. Target # 6 Enhance access for Primary Care		\$ 360	\$ 360
b. Target # 6 Reduce waiting times for Sigmoidoscopy		\$ 320	\$ 320
c. Target # 6 Reduce echo/Stress testing backlog		\$ 180	\$ 180
d. Target #6 Reduce waiting times in Podiatry			\$ 125
e. Target #6 Reduce eye care waiting times		\$ 180	\$ 180
Reduce Waits & Delays (Subtotal)		\$ 1,040	\$ 1,165
<b>D. NET Fiscal Year Estimated Operational EXPENSES</b>		\$ 110,733	\$ 111,498

**Section III - BALANCE**

Variance - This plan cannot show a negative variance. A positive variance indicates carryover to the next Fiscal Year)	\$ -	\$ 0	\$ 0
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**Section IV - UNFUNDED**

Initiatives Not Planned Due to Lack of Funds	Nine Point Plan Category		
a. Target # 6 Increase telephone triage		\$ 18	\$ 18
b. Target # 2 Hire Fee Basis Carf Physiatrist		\$ 111	\$ 111
c. Target # 6 Increase access of non-institutional care for mil-bill eligible		\$ 182	\$ 182
Initiatives not Planned (Subtotal)		\$ 311	\$ 311

*The VAMC Wilkes-Barre PA Strategic Plan is developed in conjunction with the VISN Strategic Plan and is continuously assessed by the Medical Center's Business Planning Committee.*

## *Operational Plan*

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1. The Strategic Plan is distributed to all cores/services, outpatient clinics and appropriate program officials. The Strategic Plan identifies Medical Center Strategic Objectives, Strategic Targets, Operating Strategies, and Action Plans. Responsible individuals are identified for ensuring the accomplishment of operating strategies within a specified time frame and for completing status reports, on the accomplishment of these initiatives.
2. Responsible Staff Offices, Cores, and Program Officials will complete quarterly status reports (due the 15th workday of each new quarter) on the extent of their accomplishment of specific operating strategies. The Associate Director's office and the Chief of Staff's office will have ultimate responsibility on ensuring the accomplishment of strategies and for providing a holistic status report on accomplishment. In turn, these status reports will be shared with the Business Planning Committee for their review and recommended action. The Medical Center Director is the final reviewer and approving official for Business Planning activities and the Strategic Plan.
3. The Strategic Objectives (Section 9) are located on the VHAWBPFS01 Server:  
From Network Neighborhood, go to Whawbpfs01/BusPlan/ALLSERVICES/StrategicPlan03.  
The worksheet is currently setup as a share to allow for more than one user to update at the same time. If you save the file simultaneously with another individual, you may receive a message that the file is currently being saved, wait a few moments and re-save your changes.  
When updating your changes, preface each Accomplishment Update with the date and initials of person completing the updates i.e., (10/15/02/sr).
4. Strategic planning is a dynamic process and is subject to changing priorities and needs required to meet the mission of the Medical Center. As a result, the Business Planning Committee, in association with the management and other principal parties, will continuously review the status of accomplishing strategic objectives, targets, action plans, and recommend changes and/or actions to reflect the ever-changing needs of patients and the Medical Center environment.